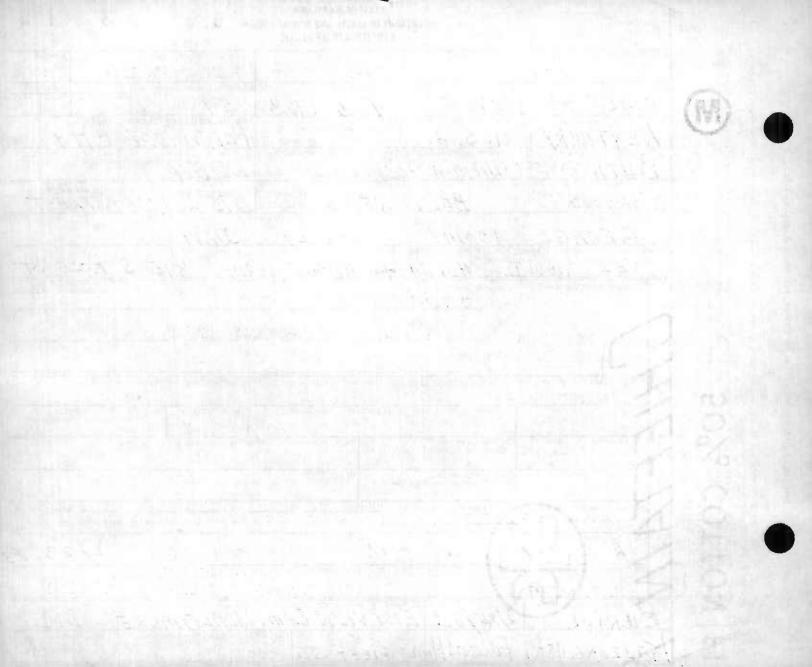
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	6		CEASED NAME FRST	WIDDLE		LAST			MONTH DAY	YEAR 2b. HO	UR
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CX YOU	0.0	3. SE		4. RACE		5. DATE OF BIR		6. AGE IN YEARS LAST BIR		INDER I YEAR IF UNDE	R 24 HRS
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BY 4 hours	led in the fild be fill	ا55U 13a	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESI	DENCE BEFORE A	ADMISSION)	NSIDE CITY LIMITS?	13e STREET ADDRESS	>-	TM	4:21
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DDE The centre	corbon corbon or re-		4151 IMMEDIA	DUE TO, OR AS A S	CONSEQUEN	VCE OF LOC					
SD deo	the otter		Conditions, if any, which	(b) RE	PIRATO	KY AKK	EST			30411	7
I W. PR	by the		cause (a), stating the underlying cause last	DUE TO, OR AS A C	SIME WAS	DE OF PUL	MONARY	EMBOLI	18	35 MIN	1
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1 S S O O	NO		USE				
bee bee	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
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iCIAN: The g physicion sertificate h rial-transit per antol Hygier tem 18 show	7 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
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O Che	- K	27b. SIGNATURE	Deservi 1	M DEGREE ATTENDING	MEDICAL _ STA		E SIGNED
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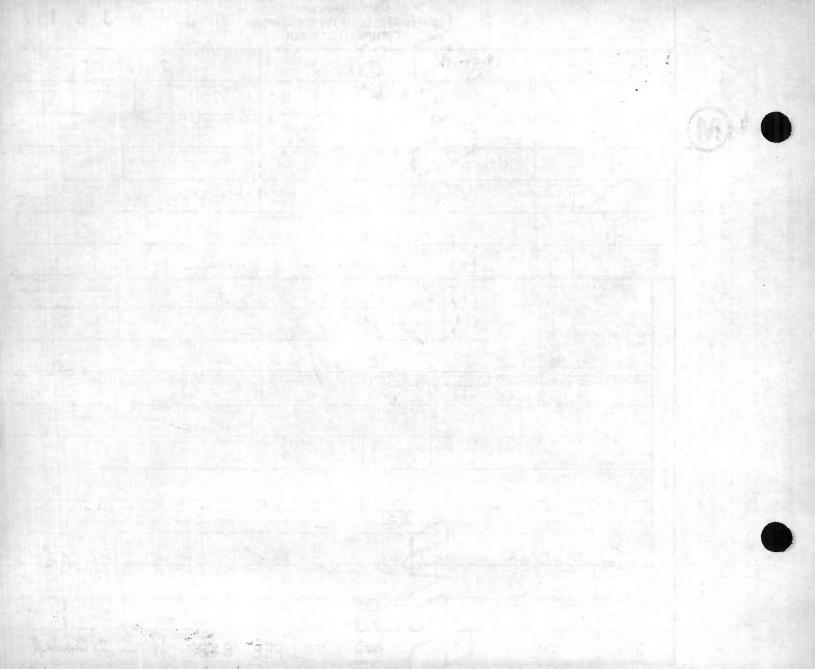


Wm. C. March F/H Inc. 1101 F. North Avenue

(VRA 15, 4)

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/	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGIE ICATE OF DEATH		0	3 3	17
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7	3. SE)	Female	Blac	k	5 DATE C		AGE (IN YEARS LAST BIRTH	YRS.		HOURS MIN.
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5	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR STATE MD		Balteime				esstma	n St	.21217
20	I4 FA	THER'S NAME FIRST Benjamin	AIDDLE R.	Abra	ams	15. MOTHER'S MAIDEN NAME FIRST Jessie	MIDDLE	A	dams	
		VAS DECEASED EVER IN U.S. AR (IES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	166 SOCIAL SECU 214-14-		Patrice L.	Anderson		esstr	nan St
	NO	18 CAUSE OF DEATH (Enter on PARTI. DEATH WAS CAUSE 12 DEATH WAS CAUSE	D BY: E CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	ASA CONSEQUE	pull eyce of eyce of	ibrillapin Hent Auli NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	OITION GIVEN I		ATE INTERVAL USET AND DEATH
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TON FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES C	
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.A P.A 21e PLACE C	A. MONTH DA	AY YEAR	216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR)	IN ITEM 18, PART I	OR PART 2)	
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		22a. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	view the body	ofter death 19)	22e. ADDRESS	MEDICAL STAF DIRECTOR ☐ PHYSICI			
8	(:	Burial, CREMATION, REMOVAL SPECIF Burial	23b. DATE 2/11/			emetery or crematory uburn Cem.	23d LOCATION CITY OR TOWN Baltim		V	MD STATE
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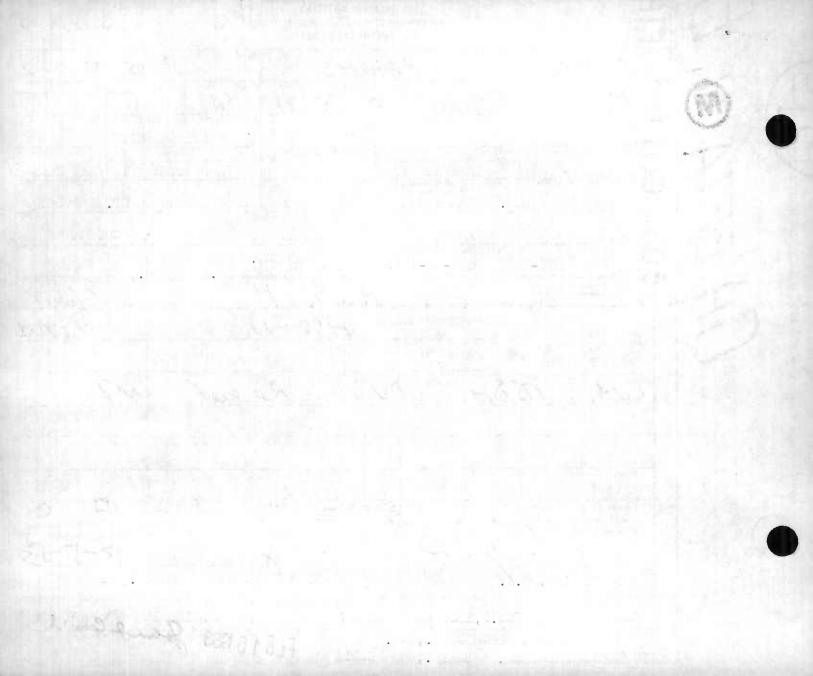
I. DECEASED NAME

BALTIMORE CITY 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PROPRIETOR TAXI CABS 2304 BAYTHORNE CT. #21209 GOODMAN MRS. DOLLY ABRAMS BALTO. MD 21209 BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM TB. PART I OR PART 2) CITY OR TOWN and that in the course stated on the date and hour and from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN BALTO., MD 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION BURIAL FEB.7,1983 BALTIMORE BNAI ISRAEL MARY LAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. DHMH - 16 50M 1/81 (VRA 15, 4) BALTO. MD 6010 REISTERSTOWN RD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

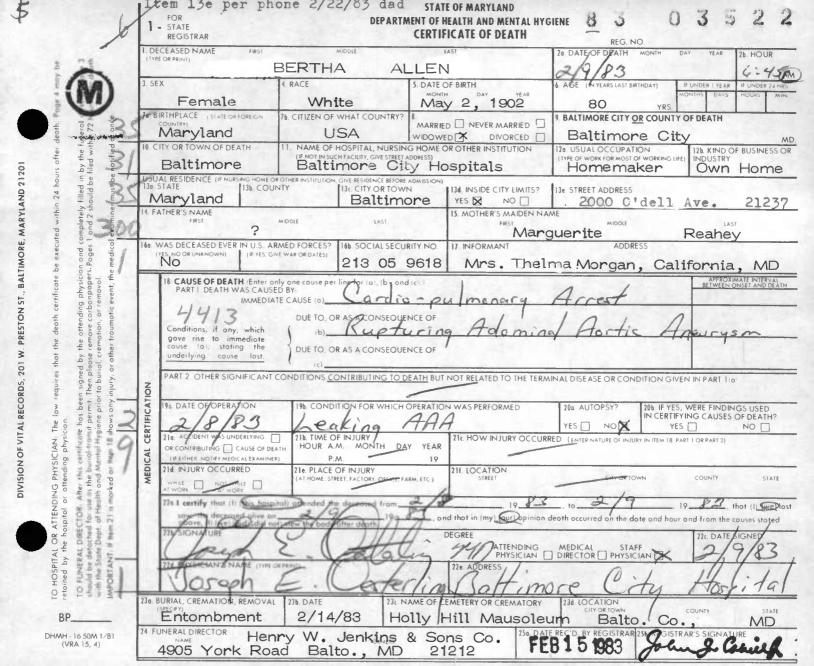
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os be os bermi	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	A IN	CERTIFYING CAUSES OF DEA
The hart property show	E .	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN I	YES NO
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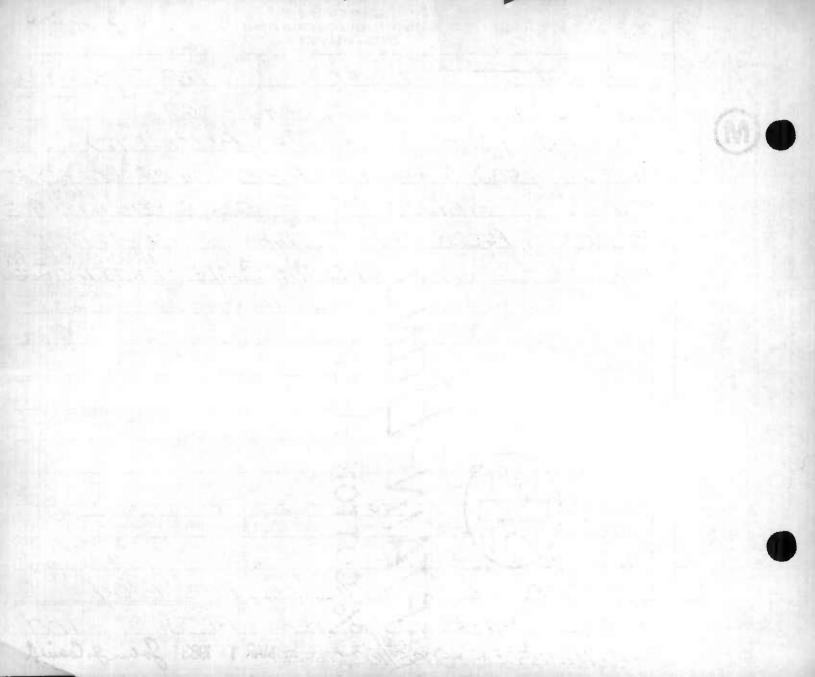
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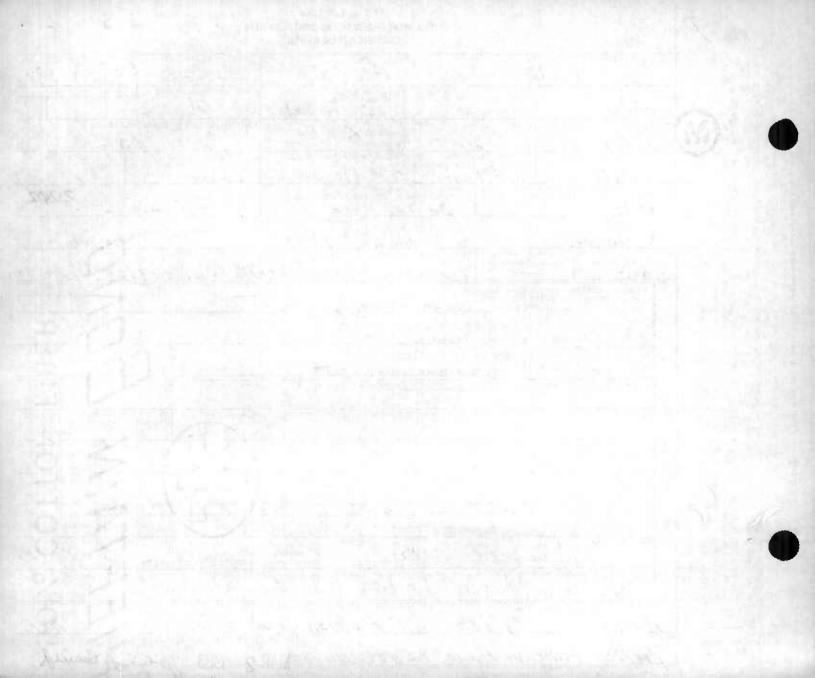
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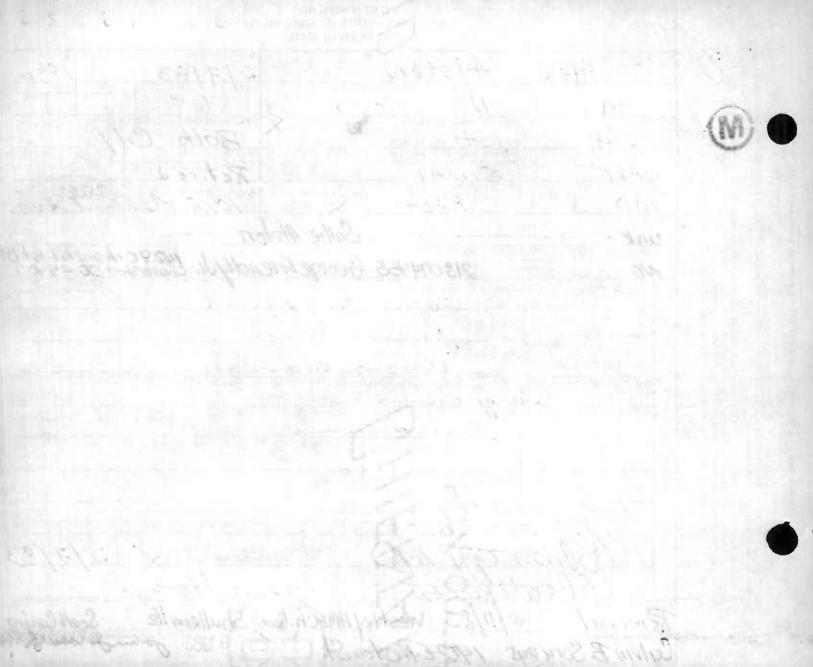
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3	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 3 CERTIFICATE OF DEATH REG. NO.	5 2 3
moy be poge 3 rer death		CEASED NAME FRST CORPRINT) F//ZAD/ X		PEAR 26 HOUR 83 /2 Max ER I YEAR IF UNDER 74 HRS
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equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremation, or removal. injury, ar other froumatic event, the	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause last	Acres Mysesses /1/===	PART 110
N: The low rystcion. cote hos bee onsit permit. Hygiene prior	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	YES NO YES YES YES 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (FINITER NATURE OF INJURY IN TEM IS PART FOR	E FINDINGS USED CAUSES OF DEATH? NO []
NDING PHYSICIA. 1 or attending ph. R. After this certif, use as the buriol-title of Mental is morked or them.	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this hospital	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IAT HOME STREET, FACTORY OFFICE, FARM, ETC.) 21I. LOCATION STREET CITY OR TOWN CO	OUNTY STATE
O HOSPITAL OR ATTERED OR DESTINATION OF AUTE OF FOUNERAL DIRECTO: should be detoched for with the State Dept. of HMPORTANT: if hem 21.		saw the decessed alive as abave. (1) well (did) (did not) (22b. SIGNATORE 22d. PHYSICIAN'S NAME (IVE OR PI	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	Tom the causes stated R. DAJESIGNED
PP		URIAL, CREMATION, REMOVAL SPECIEVI	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY	ITY MITTER
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	on M. W.	SOURCE ASORDS/RECENTER MAR 1 1983 John	S. Cohielf

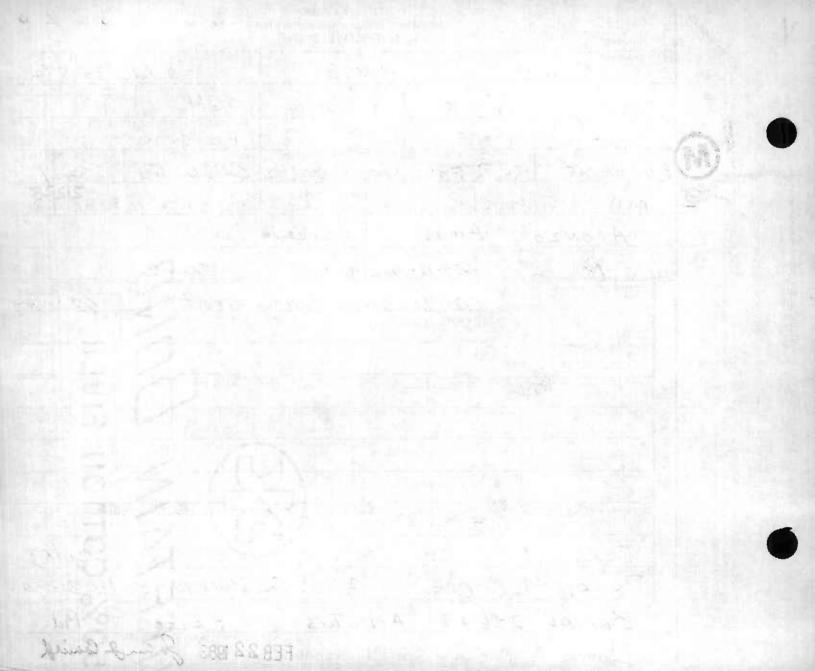




./	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 3 5 2 5
1 25		OR PRINT) GRASED NAME OR PRINT) HEX	A-15to	N LAST	2 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	3. SE	M	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
(M) 99		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY 6	R COUNTY OF DEATH
of the same of	10. C	BALT	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 126. KIND OF BUSINESS OR
thin 24 hours by filled in should be f	USU 13a. :	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS	Arh 02/202
completely 1 and 2 sh	14. F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
n and cor		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 213-074	URITY NO. 17 INFORMANT 455 GEOLGE HIE	endly Sr. E	4290 rleans Kd. Apt D
e deoth certificate be attending physicio move carban papers ration, ar removal.		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), on BY: E CAUSE (a)	matry as	real	APPECXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) find	ence of can	en _	
equires n signe Then p to bur injury, i	NOI	PART 2. OTHER SIGNIFICANT C	enditions contributing to	DEATH BUT OT RELATED TO THE TER	MINAL DISEASE OR CON	
n. n. nas be permine premine p	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
physical phy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER, NOTIFY MEDICAL EXAMINER!	(A	AY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART T OR PART 2)
4 4 P P	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTEN partol TOR: for us of He		220.1 certify that (I) (this haspit saw the deceased alive an	ol) attended the deceased from		, to death occurred on the do	, 19, that (I) (we) last ate and hour and from the causes stated
OR POINTE		22b. SIGNATURE	theyar n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
TO HOSPITAL retoined by the TO FUNERAL should be determined by the Stote with the Stote IMPORTANT:		224 PHYSICIAL PROPERTY OF	HORGEGI	22e. ADDRESS Ser	rai Ho	20
0 € 0 € ₹ ¥	光	LIRIAL CREMATION REMOVAL	2/11/83 W	name of cemetery or crematory estle I AMECH. Cem	Shuller	ille COUNTY South Carolina
DHMH - 16 50M 4/B2 (VRA 15, 4)	275	INERAL DIRECTOR SCYUL	795 1412EI	Preston St. 125a. P.	EBC'D 9 1983	256 REGISTRAR'S SQNA COLUMN



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

devsor DATE OF BIRTH

REG. NO.		1		15
20 DATE OF DEATH MONTH	19	YEAR 83	26 HOL	IR Op
6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HR
56 YE	MONTHS	DAYS	HOURS	MIM
 9. BALTIMORE CITY OR COU	NTY OF D	EATH		

. DECEASED NAME (TYPE OR PRINT)	O Se	ph	VIDOLE	Ander
SEX Male		PABIK	\ ~	5 DATE (
COUNTRY CAME	oreign	U.S. A	WHAT COUNTR	Y? 8 MARRIE WIDOW
Baltimor		M NOT IN SUCI	HOSPITAL, NUR HACILITY, GIVE STR	
ISUAL RESIDENCE (IF NURS) 30. STATE MD	13b COUP		GIVE RESIDENCE BEF	

STATE

page 3

Pages

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should be detained with the State

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(VRA 15, 4)

BP

MPORTANT

REGISTRAR

MARRIED NEVER MARRIED DIVORCED WIDOWED JRSING HOME OR OTHER INSTITUTION ursing

126

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 21215

MD	130 0001111	Baltimore	YES NO	4919	Edger	mere Aven	ue
FATHER'S NAME ROY	WIDDLE	inderson	15. MOTHER'S MAIDEN	NAME	NIDDLE	LAST	
	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. N/A	Margaret	Hubbard	ADDRESS 4919	Edgemere	Ave.
						A SUBSTANCE OF THE PARTY OF THE	F WINESON

PART I. DEATH WAS CAUSED BY. 1850 IMMEDIATE CAUSE (0) Ca Pros take Due to, or as a consequence of Possible Wreme Conditions, if ony, which (b)	
b)	
gave rise to immediate cause (a), stating the underlying cause lost (c) DUE TO, OR AS A CONSEQUENCE OF A CONSEQUENCE OF (c)	

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR MEDICAL

DEGREE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, EACTORY, OFFICE, FARM, ETC.)

21f LOCATION

COUNTY CITY OR TOWN STATE

22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did not) view the body after death

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) THENDEE 22e. ADDRESS

Pk.

23a	BURIAL, CREMATION, REMOVAL	
	Burial	2/25/83

22b. SIGNATURE

NOT WHILE

23c. NAME OF CEMETERY OR CREMATORY

Arbutus Mem.

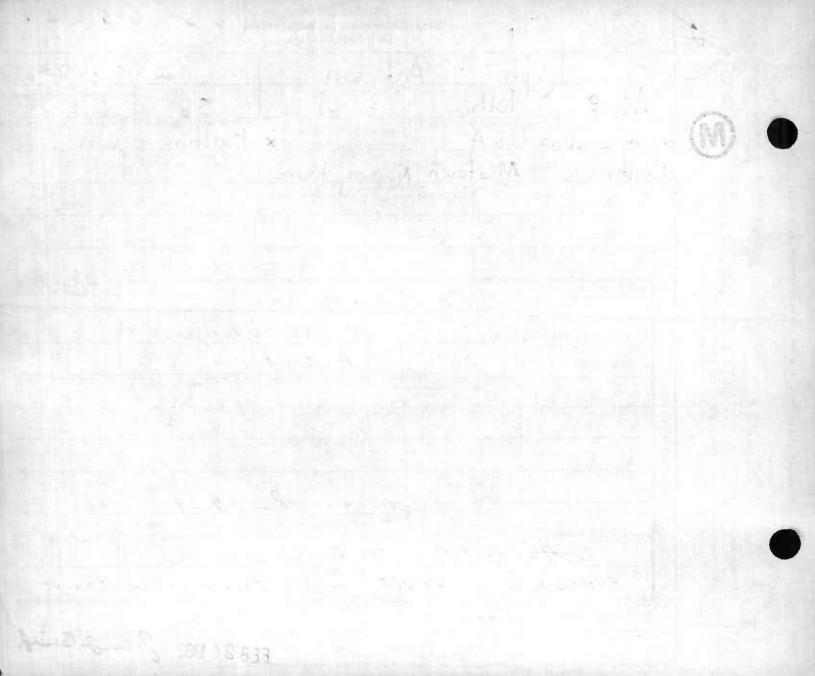
23d LOCATION Arbutus

COUNTY MD

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

1101 E. North Ave. Wm. C. March F/H

BY REGISTRAR 256. REGISTRAR'S SIGNATU



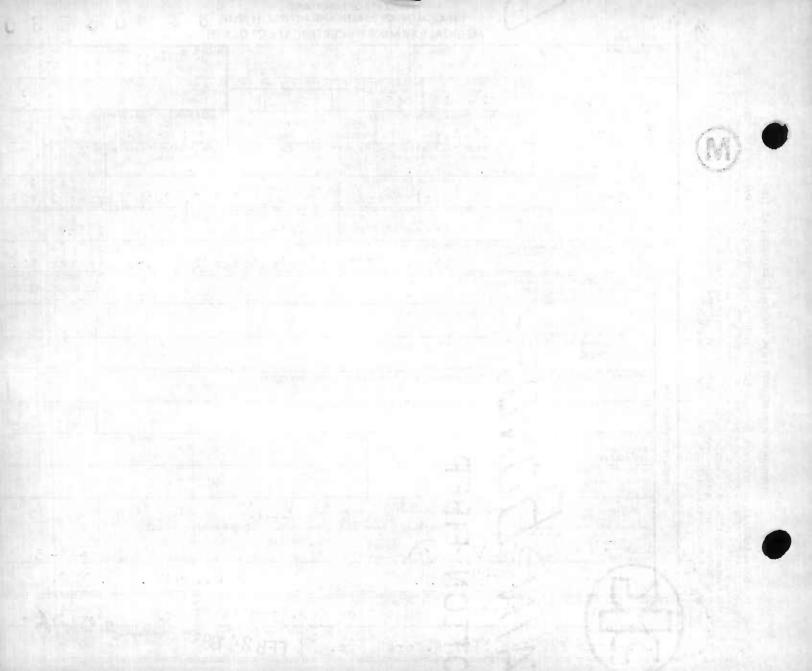
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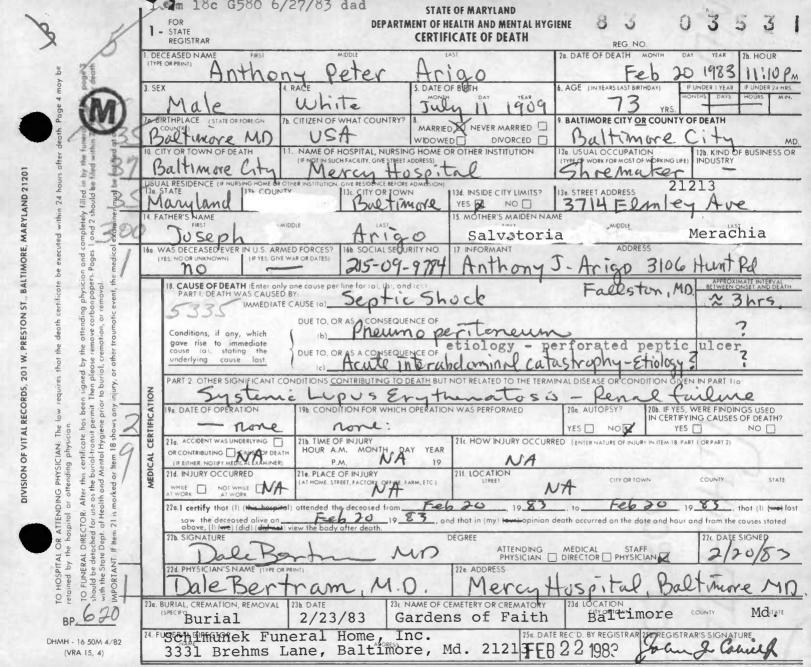
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(VRA 15, 4)

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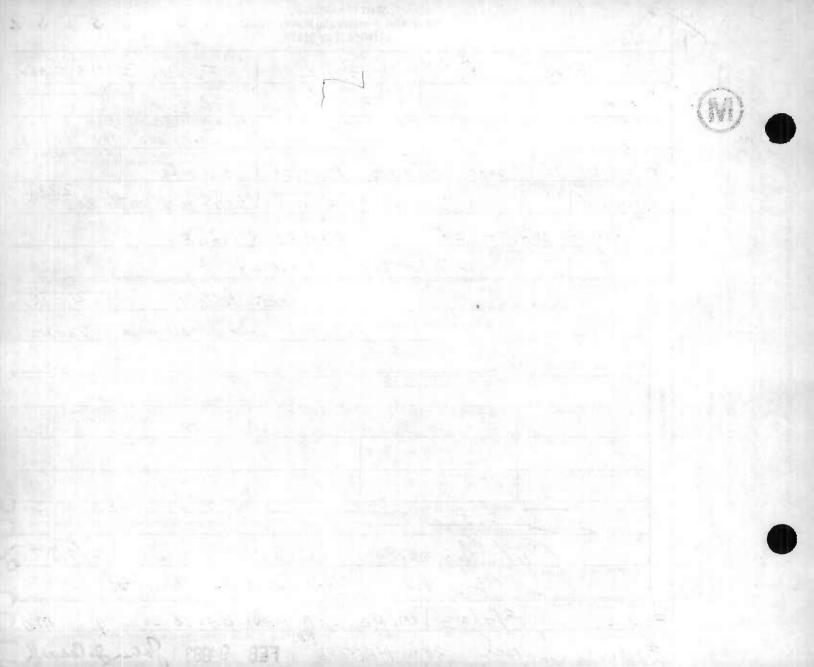
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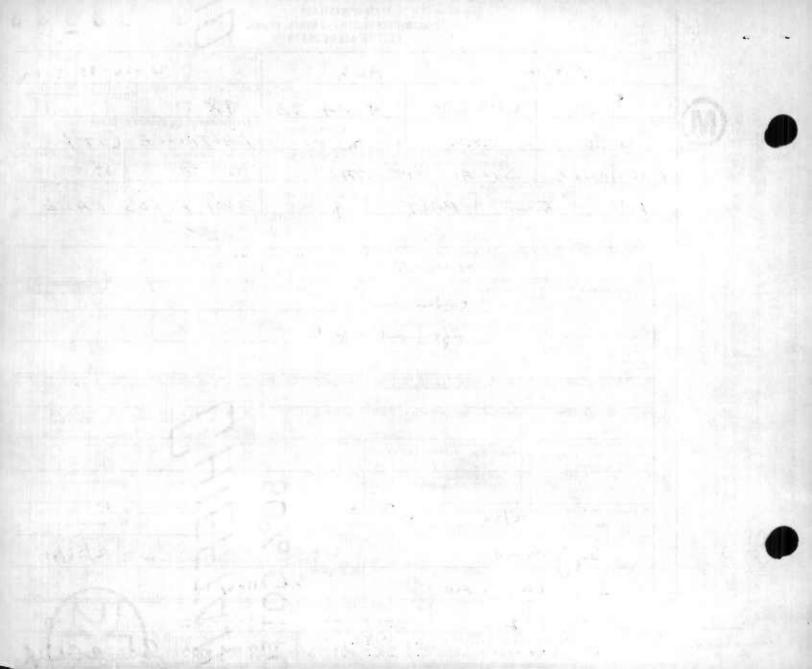
HARFORD

STATE

(VRA 15, 4)

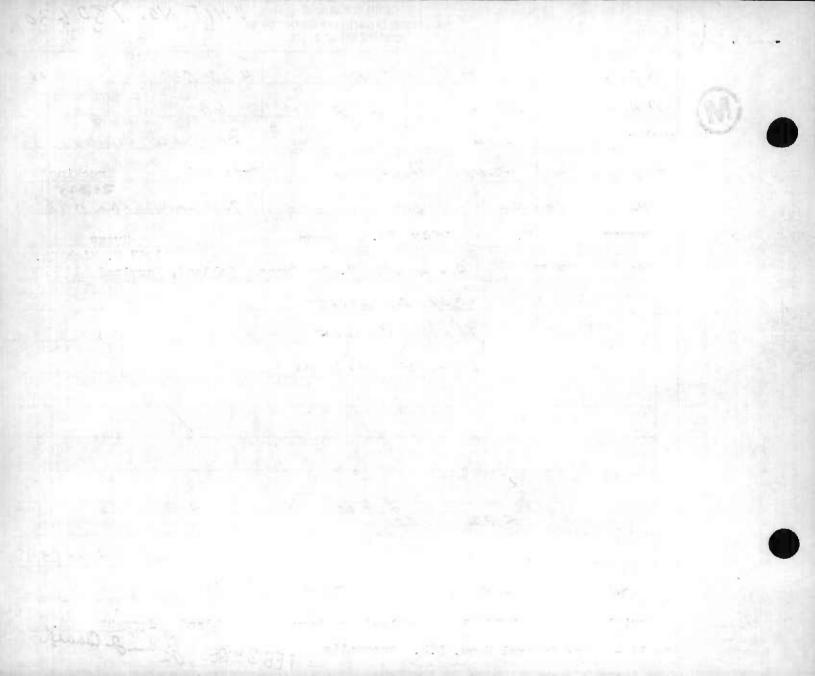
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

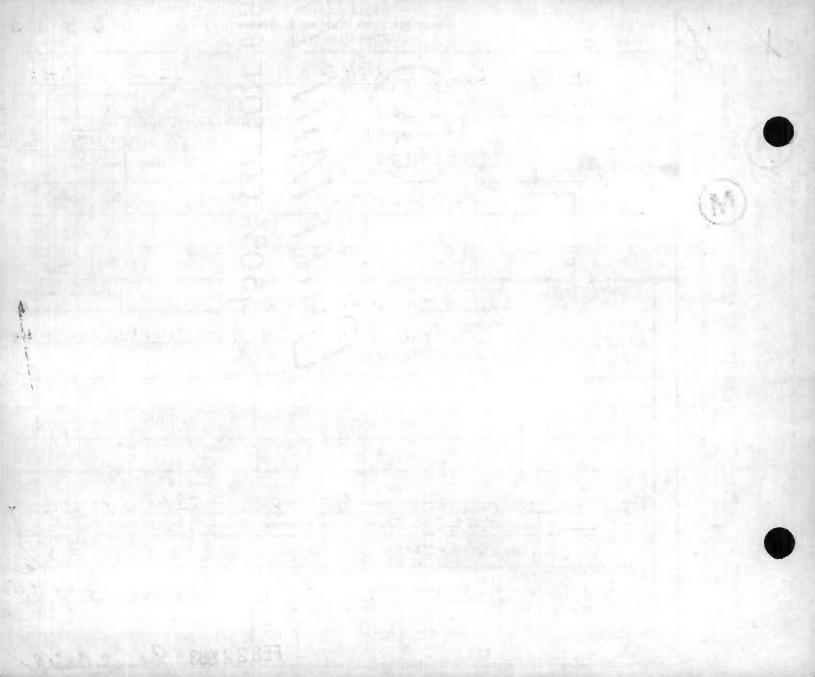




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	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Pagically, the hospital or afferdang physician.	S FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral re-
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DIVISION OF VITAL RECORDS, 201 W. PRESTON St., BALTIMORE, MARYLAND 21201	9	1
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	오늘	5.

6	1.	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE HET NO.	3506
		CEASED NAME 1900	MIDDLE	LA	51	26. DATE OF DEATH MONTH	DAY YEAR 26. HOU
-6.		NANTER	T.	ASH	BY	2-23-83	8.1
1	1. SE	mare	4 RACE	5. DATE OF	BÎRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
12	Ta. II	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	18	2/ /9	9 BALTIMORE CITY OR COUNT	Y OF DEATH
22	7.30	land	USA	WIDOWED		BALTIMORE	Court 11
4	12	MANMORE CO	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Truck Driver	12b. KIND OF BUSINE INDUSTRY Trucking
36	(Ja.	STATE THE STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY ISC CITY OR TOW COLUMB	VN 1	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 7080 CAAOLE	21045
2	20	Dorsey	Ashby		5. MOTHER'S MAIDEN NAM		Myers
2			RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES! 216-14		R. Sue Evans		7 E. High St
njery, or other trai	NO	Conditions, if any, which gave rise to immediate course for storing the underlying course last	DUE TO, OR AS A CONSEOU (c) DIA BETT CONDITIONS CONTRIBUTING TO	ENCE OF	MESUTUS OT RELATED TO THE TERM	nal disease or condition Gi	VEN IN PART I (0
7	CERTIFICATION	No. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEAT ES \(\) NO \(\)
9		218. ACCIDENT WAS UNDERSTING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING LEARNING	Control of the Contro	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
o Bax	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		21f. LOCATION STREET	CITY OR TOWN	COUNTY S
37.11		220 I certify that (I) (this hosp above, (I) (we) (did) (did n	nitol) ottended the deceosed from		that in (my) (aur) opinion o	to 2.23	
# /		MA. PAYSICIAN'S NAME (TYPE	& Cannage	m	GREE ATTENDING PHYSICIAN 228 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 2-23-8
MPORT	1	de heon	SHEEK		SINA!	Hospins.	
		Burial CREMATION, REMOVA SPECIFY)			Cemetery	23d LOCATION CITY OR TOWN Oakland Ga.	county rrett Md.
81		eall - Evans Fu	neral Home, PORAS.	Anna		REC'D. BY REGISTRAR PROPREGIS	TRAR'OSIC AWREL





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IMPORTANT; If Item 21 is marked or Item 18 shows any

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

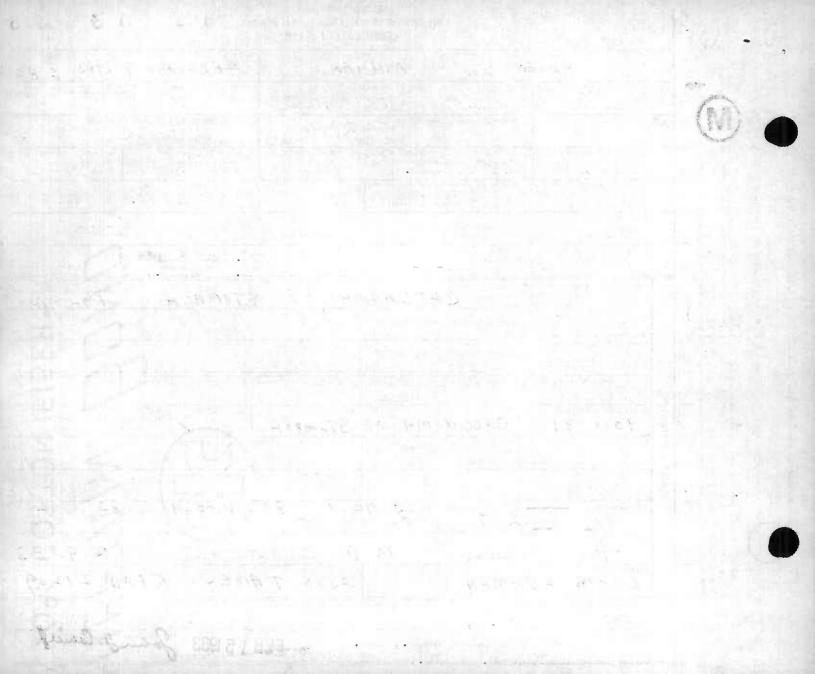
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REG	GISTRAR				CERTII	FICATE OF DEATH	REG. I	NO.	1 4:	
I DECEASI	ED NAME	HELE		A .	ASH,	MAN	20 DATE OF DEATH		9-1983	26 HOUR 2 A M
	MALE	616	RACE WHITI	Е	5. DATE (OF BIRTH LY 10° 190°8°	6 AGE (IN YEARS LAST B	4 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
CAN	LACE (STATE OR NAME)		USA		WIDOW	ED NEVER MARRIED DED DIVORCED	9 BALTIMORE CITY BALT	OR COUNT		MD
BAL	TIMORE	40.00	2510	OSPITAL, NURSIN HEACILITY GIVE STREET TANEY RD.	G HOME (OR OTHER INSTITUTION	HOUSEWIF		12b. KIND O'	F BUSINESS OR
130 STATE MA	RYLAND	136, COUN		BALT IMO		13d. INSIDE CITY LIMITS?	130 25 10 TAN	EY RD	# 2	21209
14. FATHER	NÄTHAN	D sili		BINOFF		15. MOTHER'S MAIDEN NA RACHEL	WIOOFE		REISS LAST	ī
	DECEASED EVER OR UNKNOWN)		MED FORCES? WAR OR DATES)	215-05-9		17. INFORMANT 2510 TANEY	DR. LEON A	SHMAN TO		21209
Can gov cau und	ditions, if any, re rise to imprese (a), status erlying cause	, which mediate and the last.	DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	R AS A CONSEQUE	NCE OF	MA OF	STOMAC AINAL DISEASE OR COI	NDITION GIV	S, WERE FINDIN	IGS USED
210.	10-6 - ACCIDENT WAS UND ONTRIBUTING (DERLYING CAUSE OF DEAT	21b. TIME OI	M. MONTH DA		STOMACH 21c HOW INJURY OCCUR	YES NOW	YE	FYING CAUSES ES PART 1 OR PART 2)	OF DEATH?
~ —	NJURY OCCUR	RED	21e PLACE C			211 LOCATION STREET	C ITY OR T	OWN	COUNTY	STATE
22b. S	certify that (I) aw the deceose above, (I) (inc) (i) SIGNATURE PHYSICIAN'S No.	AME (TYPE OR	sluna	h		22e ADDRESS	death accurred an the	AFF ICIAN 🗌	22c. DATES	SIGNED 9-83
23a. BURIAI	CREMATION, BURIAL		23b. DATE FEB.10	23c. N		CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	ARYLAND
	AL DIRECTOR	SOL		N & BROS.	, IN	MONTEFIORE WC	E REC'D. BY REGISTRA	ALTIMO	11-	Buf

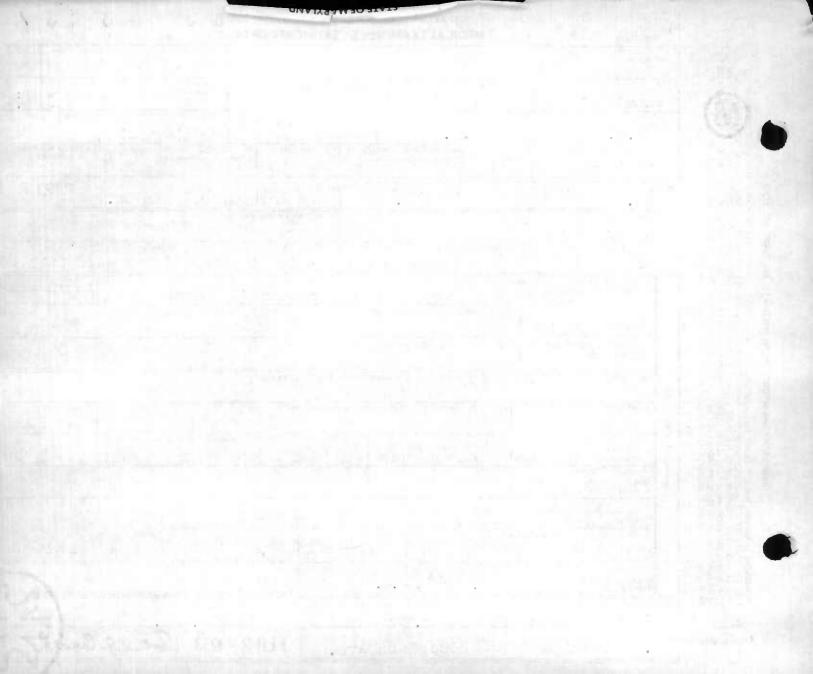
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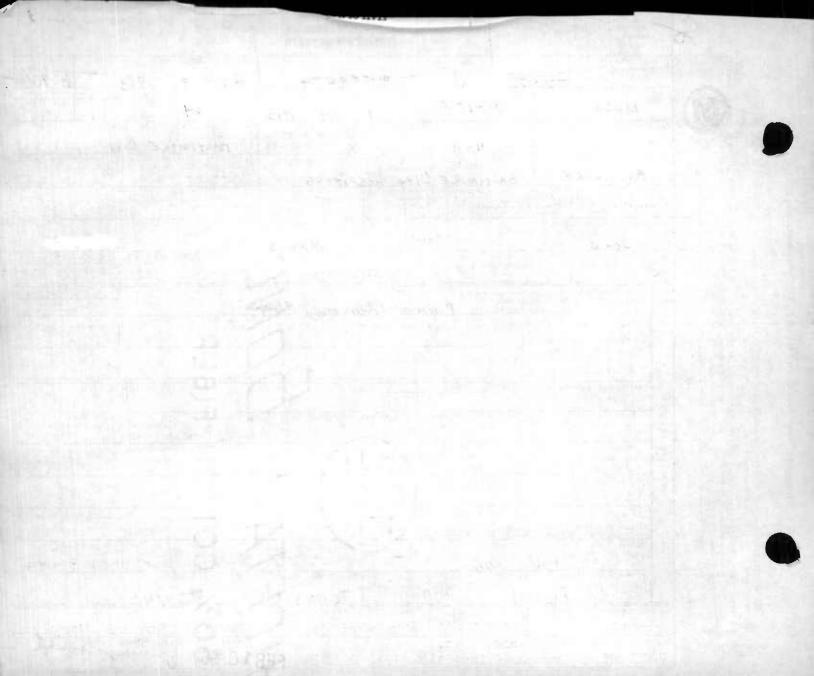
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	1.	FOR STATE	DEPAR	TMENT OF	HEALTH AND MENTAL	HYGIENE O	000	2 0
	'	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	O.	
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
e 4 moy be ttor, page 3 ofter death	0	HATEDON KON -	Bahy Boy			02	1983	430 AM
moy pog	3. SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
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b. Po	la B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRI	ED NEVER MARRIED		OR COUNTY OF DEATH	
de de	1	anyland	U8A	WIDOW			re City	MD.
of the state of th	Bo	Lynner Bonn OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRI		1	128 USUAL OCCUPAT		OF BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of other daysician. When this certificate has been signed by the otherding publician and changed the letter this os the buriol-transit permit. Then please remove carbon appears to the buriol-transit permit. Then please remove carbon appears to the please remove carbon appears to the please prior to buriol, cremotion, or removal and mental By shows ony injury, or other traumatic event, the medical examiner must be no orked or them 18 shows ony injury, or other traumatic event, the medical examiner must be not appearable.	13e. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION	1134. INSIDE CITY LIMIT	S? 13. STREET ADDRESS	dland Ave.	21215
within 2	14 F4	THER'S NAME WALCO		010	YES NO 15. MOTHER'S MAIDE		azana nve.	-1-1/
ARY WILLIAM	0	THER'S NAME NOT GU	MIDDLE LAST		O CALLA	MIDDLE	Atteno.	01000
edicolex	160 V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SE	CURITY NO	17 INFORMANT	ADDR		TITCOPT
MORE e execution medico			VE WAR OR DATES)	-				
ALTIN		18 CANSE OF BEATH (Sales of	nly one couse per line for (o), (b),	and (s) \	1		APPROXU	IMATE INTERVAL ONSET AND DEATH
v ST., B.		PART I. DEATH WAS CAUSE	DBY: Pardia		st		BELAMENC	JNSET AND DEATH
STON SI eath cert tending re carbor on, or ref		7651 IMMEDIA	TE CAUSE (6)	1				
death death ottendiove corraumat		Conditions, if ony, which	DUE TO, OR AS A CONSEC	anny	Arrest			
I W. PRESTON ST., B. hat the death certifica by the ottending physics remove carbon est. I, cremotion, or remove other traumatic event,		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC					
thot by sose ol, cr		underlying cause lost	(c) Prema		1			
ires the name of the place of t	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BU	TNOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110	0
PRDS,	CERTIFICATION			1.23				
low re low re straint.	CA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDIN	
TALRE lo The lo cicion. The lo ste hos sit per regiene pshows.	RTIF			3.5	LETY C	YES NO	YES 🗌	NO 🗌
A OF VITA SICIAN: T ag physici certificate rirol-transi entol Hygi item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OC	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
SION OF VI	S	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
DIVISION OF VITAL R INDING PHYSICIAN: The Is of or offending physician. R: After this certificate has use as the buriol-transit pe Health and Mental Hygiene is marked or item 18 shows	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
DIVI or oth or oth or oth	8	AT WORK ON AT WORK		1110	12244	rez alia d	30/M 10	
		220.1 certify that (1) (this haspi saw the deceased alive on	tal) attended the deceosed from	10	, 17	inion death occurred on the d	. 17, 1	that (I) (we) last
OR ATT hospit olreCTC ched fo chept. of frem 21		above, (1) (we) (did) (did na 22b. SIGNATURE	nt) view the bady after death.		DEGREE		22c DATE	
# 0 0 0 ±		Visconia a 1	100,00		A A ATTENDI	NG MEDICAL STA		0/83
= 9 11 9 5		22d. PHYSICIAN'S NAME (TYPE C	DR PRINT)		PHYSICIA 220. ADDRESS	AN DIRECTOR PHYSIC	IANE	1100
0 0 0 0 5 6 6		Virginia A	Klane	/	125 C. Q.	rene St A	saltimore,	MD
TO F Shoul	23a. I	BURIAL, CREMATION, REMOVAL		C DIAME OF	CEMETERY OR CREMAT	ORY 23d LOCATION	200 111016	
BP		Removal	2/21/83			CUTOR TOWN	COUNTY	STATE
DHMH - 16 50M 4/B2	24. F	JNERAL DIRECTOR		1	250	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATI	URE
(VRA 15, 4)		Anatomy	Board		to., Md.	FEB 241983	John 20	much

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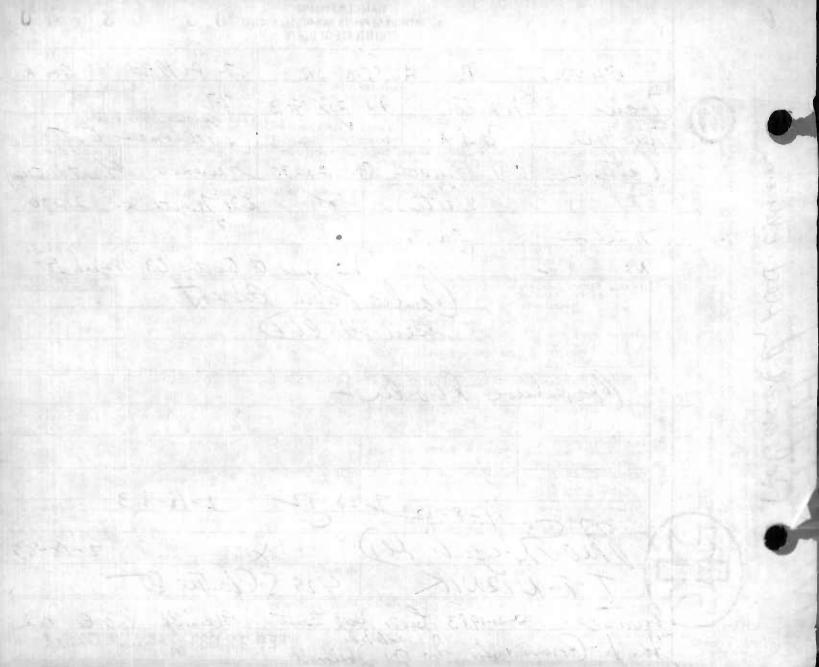
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		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
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(MM)		MALE	WHITE	7 14 1913	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MIN.					
\$ 15 B	1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIOPORCED	9 BALTIMORE CITY OR COUNT						
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Manual Company	M.			N 13d. INSIDE CITY LIMITS? K YES □ NO 🔀	7629 South B	end Rd. 21222					
11030	14 F	ATHER'S NAME FIRST	Auffart	h IS. MOTHER'S MAIDEN I	WIDDLE	Zinkhand					
Property Pro		WAS DECEASED EVER IN U.S. AR. (YES. NO OR UNKNOWN) (IF YES. GIV.	MED FORCES? 166 SOCIAL SECU 213-10-	RITY NO. 17. INFORMANT	ADDRESS210	1 Birch Road to., MD. 2122					
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	11.	STATE		CERTIFICATE OF DEATH		
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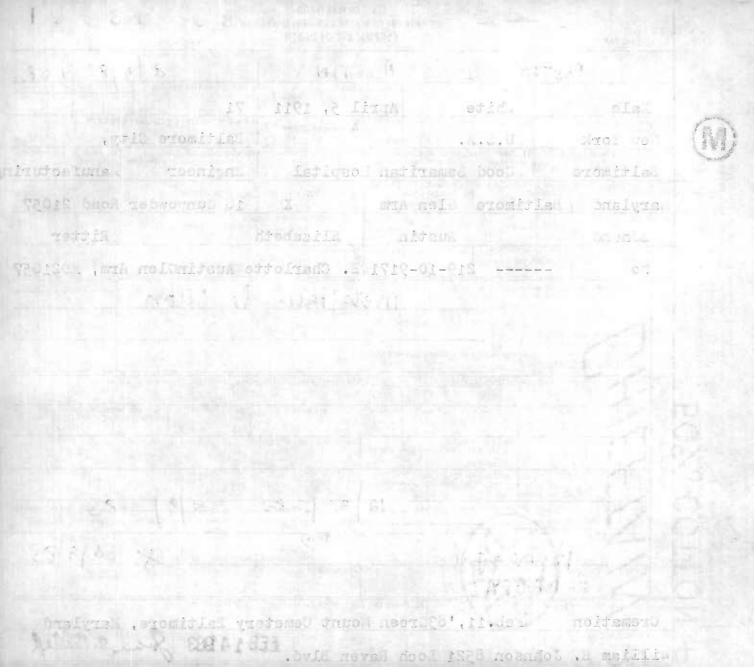


William E. Johnson 8521 Loch Raven Blvd

STATE OF MARYLAND

FOR

(VRA 15, 4)



FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/BI

(VRA 15. 4)

UNKNOWN MXXX Constantine Avgerinos, 9933 Liberty Rd. 24 DAY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PUSE ASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) our opinion death accurred on the date and hour and from the causes stated 2c DATE SIGNED ALTMORES Greek Orthodox Cemetery Woodlawn, Balto. Maryland Burial 24 FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

Balto. City MD

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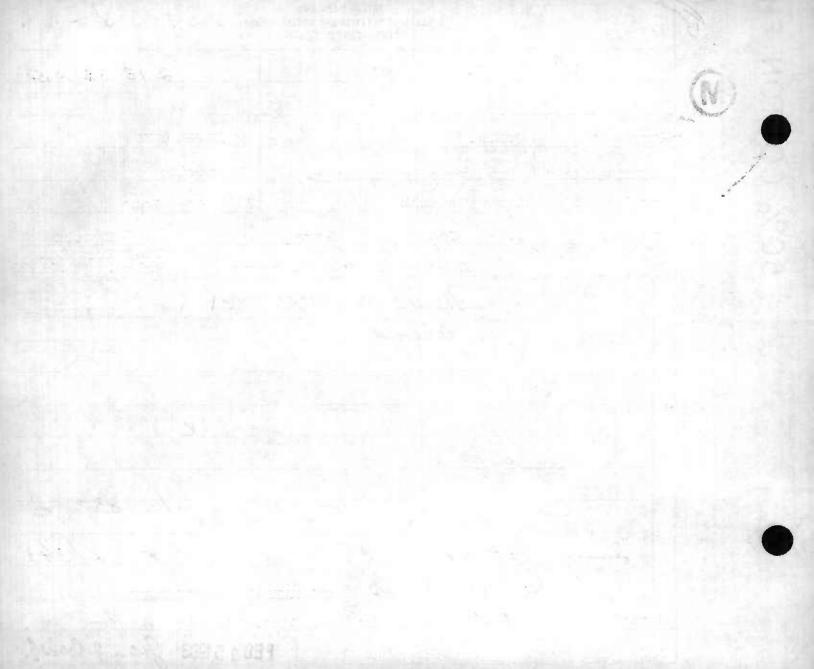
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

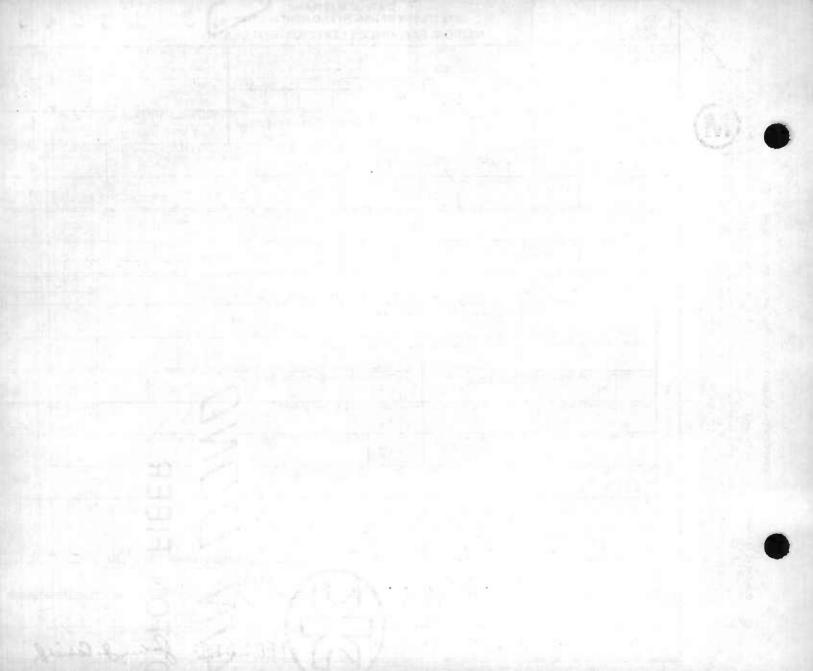
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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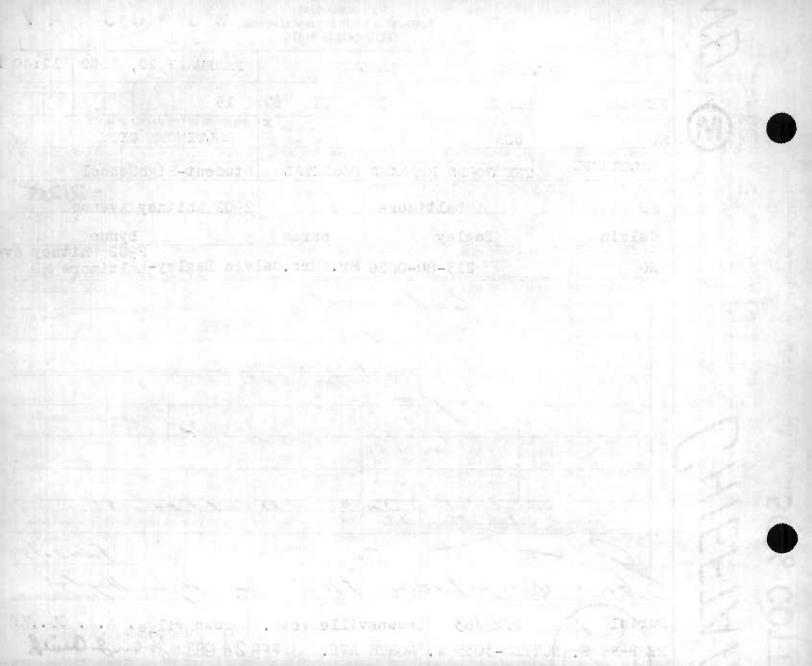


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(VRA 15, 4)

STATE OF MARYLAND



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	ž	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOW	N	COUNTY		STATE
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	(SPECIFY)	ombment				k Cemetery	Baltim	Ore	Maryl	and	E
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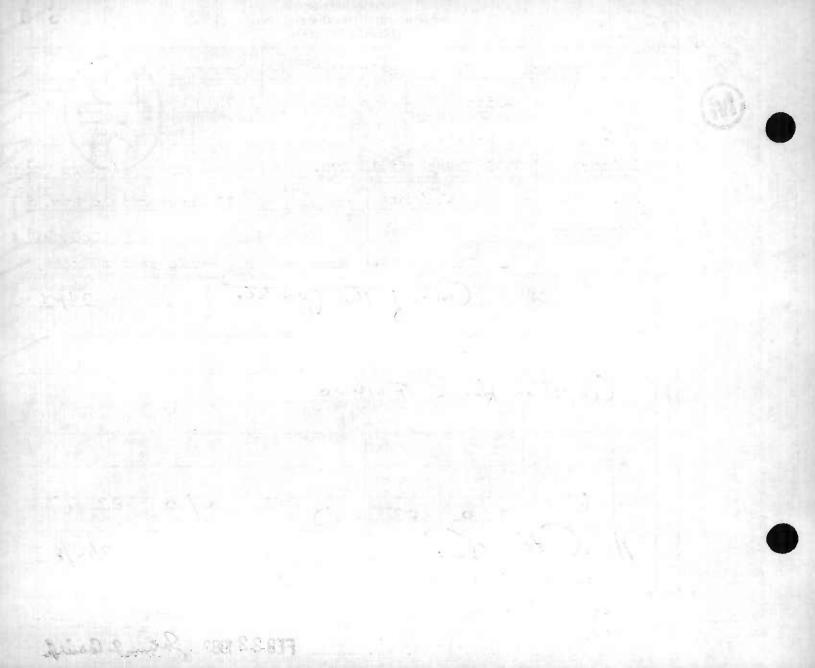
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PAGE	В	altimore		Johns			ita			FOR MOS	T OF WORKING L	IFE)	OR	RINDUSTR	Υ
AND 3 TAND 1 PERFORM PORT AND 3 TAND	USU/ 13a. S	L RESIDENCE (IF IN)	13b. COUN	ROTHER INSTITUTION, GIV	13c, CITY O	FORE ADMISSION	4)	13d. INSIDE CITY	Y LIMITS?	13e. STREET	ADDRESS			7. ~	
SHOULD SHOW THE AMEN TO SHOW THE AMEN		Md.			Balt	0.		YES			McDona	Id St.		20	103
W. PRESTON ST., BALTIMORE, MD. 21201 WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEEDED. IF AND 3TO THE FURIL IN TEACH IS GIVE PAGES 1, 2, AND 3TO THE FURIL AND STAIN PAGE 5 INTRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITH HYGIENE, DIVISION OF VITAL RECORDS ON W.	14. FA	THER'S NAME		MIDDLE	McG	Şī Pee		15. MOTHER Pinki	R'S MAIDEN	NAME	MIDDLE	Ba I	dwin	LAST	
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ON S TEM I SERM	-	PART I DEATH	IMMEDIAT	TE CAUSE (a)_She				head_w	ith c	ompli	cation	S			
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ATH RELATED		SIGNATURE	~ V4	enog	Mu		M	Deput	y Chi	<u>e</u> fredica	LEXAMINER	SIC	NED	2/21/	/83
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PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		JRIAL, CREMATION						R CREMATOR	RY	23d. LOCA	TION		OUNTY	STA	TE
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(VR AT5 ME (5)) 20M 4/82	Lei	oy U.Dye	17 4600	Liberty	ngts.	Ave.			,	2010	oo de	mo d	~ iah	my	

 - STATE

REGISTRAR

DECEASED NAME.

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ETTRED 2815 LOLDSPRING LAST B. MITCHEL 1503 N. BANTALDOS RETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATOR MACAL LATUNGUILLE 1392 Russ 2322 W, NORTH AVE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

DAYS

7h HOUR

HOURS

26 DATE OF DEATH

BP DHMH - 16 60M 1/75 (VR A 15 (4))

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	y b		1020	0///	MICO				C	7 3	-8)	2
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A A	3 -50 -50	1	Biaggi	o Metr	anglo		Phil	omena	WIDDLE		LAS	i
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	- 0		VAS DECEASED EVER IN U.S. AR	RMED FORCES?	166. SOCIAL SECU	RITY NO			ADDRES	SS	2120	4
VQ.	ond c	()	res, no or unknown) (if yes, givi	E WAR OR DATES)	911	9239	Philomena	Rokue	553 Bro	ok Rd		
È							THILIOMENA	Kekus	JJJ DLO	JK Ku.		
8	physicio pnpapers emavol.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per D BY:	line for (o), (b), one	1(01.1	7				BETWEEN	MATE INTERV
ST.,	pland			TE CAUSE (0)	H. 2.6	. U.	J.					
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EST	deo de orte ove		Conditions, if ony, which	(b)_	- CA E	1-			V- 10			
a.	0 E 0 +		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NICEOE				76.7	5,50	
3	that the		underlying couse lost	1000 10,0	K AS A CONSEQUE	INCE OF					1000	
201	pled priol		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONITRIBUTING TO F	EATH BUT	NOT BELATED TO THE T	ERAJNIAI DIS	EASE OR COND	ITION CIVE	LINI DART 1/	
05,	sign ben o bu	Z	- 110.34.61	(0,0		PEATH BOT	NOT KEENTED TO THE T	LKMINAL DIS	LASE OR COND	THOIR GIVE	A IIA PAKI 110	
Ö	been rmit. Il prior t	1 5	190 DATE OF OPERATION	TION CONID	ITION FOR WHICH	ODERATIO	N WAS PERFORMED	20- A	UTOPSY?	201 IE VEC	WERE FINDIN	ICE HEED
E E	low response been been been been been been been b	5	198 DATE OF OPERATION	170. COND	INOMPOR WINCH	OFERATIO	WAS FERFORMED	200	010131:	IN CERTIFY	NG CAUSES	OF DEATH
¥	The note house of the sicion state house of the show	CERTIFICATION						YES [YES		NO 🗌
>	hysicia icote ronsid Hygi		218. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTE	R NATURE OF INJURY	IN ITEM 18, PAR	T I OR PART 2)	
9	PHYSICIAN: ending phys this certifico te burial-trand ad Mentol Hy	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	01111		19						
O	HYS din din Me	ě	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		- 11.1 V			100010
ISI		Z	WHILE AT WORK AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STA
ā	After as the morke		22a.l certify that (I) (the tage	-tally attended th	o deserved from	11	10.7	7	212	11	K - 2	that (I) (w)
	He He		sow the deceased alive on	11		33 00	nd that in (my) (oos) opin	ion death acc	urred on the do	te and have		, , ,
	ATT Ospi d fo d fo m 2		obove, (I) (we) (did) (did no	ot) view the body				non deam occ		re one noor c		
	OR he he oche oche Dep		22b. SIGNATURE	. /	0		DEGREE	C & MEDIC	AL STAF		22c. DATE	SIGNED
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	OSPITAL ed by t UNERAL d be def the State RTANT:	1	224 PHYSICIAN'S NAME (TYPE C	OR PRINTS	4		22e. ADDRESS	, ,	00			
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	Off Off	-							1	-		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL

23b. DATE

(SPECIFY)
Burial Feb. 8,1983 New Cathedral Baltimore City, Maryland FEB 101983 FOR LEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

23c. NAME OF CEMETERY OR CREMATORY

IF UNDER 24 HRS

126. KIND OF HUSINESS OR

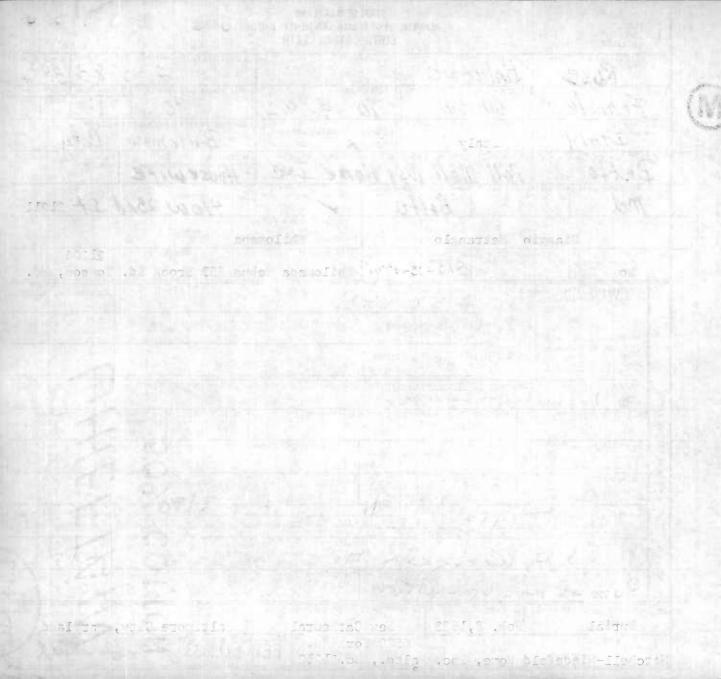
St 21211

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

21204 Rd. Towson, Md.

23d. LOCATION



151		OR STATE		DEPARTMENT OF H		272	0 3	5 5	4
	- 1	REGISTRAR EASED NAME FIRST	ME	DICAL EXAMINE	R'S CERTIFICATI	N.	REG. NO.	DAY YEAR	la House
385		OR PRINT) MAUR	ICE			20. DATE KNO OF EST DEATH MAT	TI- X-X		26 HOUR
FILES. OURS IREET,	SEX		DATE OF BIRTH	6. AGE (IN YEAR		DER 24 HRS. 2c. DATE	MONTH	-83 19 DAY YEAR	HOUR
	MA	BLACK	9-22.	-52 30 YRS	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD		-83.19	12:38
	A-BIF		CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MA	ARRIED . 9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
TAL RECORDS 201 W.	6	Allo md.	Uis			DRCED Baltimo	re City	101 4/10 05 01	MD.
200			(IF NOT IN SUCH F	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATION OR MOST OF WORKING L		OR INDUSTI	RY
	JSUA	L RESIDENCE (IF IN NURSING HOME OF C	569 Ba	Ker Street	1)	UNEmploy	led 1	1	
5	M	ARYLAND 136. COUNTY		BALTIMOR TOWN	13d. INSIDE CITY LIMIT		ER ST	2121	17
SKIAL, CREMAINON, OR REMOVAL.		THER'S NAME	Lose	1	S. MOTHER'S MA			NACT.	-
20		NATHANIE	, botte	DADER	MAR	IAN	HOF	PRINS	5
		'AS DECEASED EVER IN U.S. ARME S. NO. OR UNKNOWN) (IF YES, GIVE WA		16b. SOCIAL SECURITY	NO. 17. INFORMAINT	AL AL	DDRESS	2	1212
	1	VO			Thrsm	AriAN DAY	ner 569	BAKER	-51
		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B	γ.					BETWEEN ONSET	I AND DEATH
		2780 IMMEDIATE	CAUSE (Obes	R AS A CONSEQUENCE O					
Sex I		Canditians, if any, which	1						
1		gave rise to immediate cause (a) stating the under-	DUE TO, OF	R AS A CONSEQUENCE OF			Par all		
1		lying cause last.	(c)						= 4 8
1		PART 2 OTHER SIGNIFICANT CONDITIONS COI	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN I	N PART I (a).		No ellin	
4	TION	19a. DATE OF OPERATION	Trail CONID	ITION FOR WHICH OPERA	TION I WAS BEDEODUEDS		CF (177)	Teaz oncu	
2	FICA	170. DATE OF OPERATION	176 COND	ITION FOR WHICH OPERA	HON WAS PERFORMED?			20 AUTOPSY?	
7	CERTIFICATION	216. EXTERNAL CAUSE WAS	21b. TIME O		21c. HOW INJURY OCCU	IRRED LENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR PAR	YES 🗆	ио ХХ
5		UNDERLYING OR CONTRIBUTING CAUSE OF DE		A. MONTH DAY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME,	21f. LOCATION STREET	CITY OR FOWN	COU	INTY	STATE
	2	AT WORK AT WORK	STREET, PAC			CITORIOWN			JINIE
43		220. I certify that I took charge o	of the remains de	scribed above, held an	Autopsy , Inspe	ection , Inquiry	, and in my api	inian	
		death resulted fram: Natural	causesXX.	Accident , Suic	de , Hamicide	. Undetermined manner			
		ACTUAL VOIL	LA	11/ 10.	Assistar	() +	DATE	2-16-8	3
\dashv		SIGNATURE	a or	egmu	M. 0.3515101	MEDICAL EXAMINER	SIGNED	2-10-0.	7
2		EXAMINER'S NAME Marg	arita A.	Korell.M.D.	ADDRESS	111 Penn Stre	et		
	23a.Bl	JRIAL, CREMATION, REMOVAL 236			TERY OR CREMATORY	23d. LÓCATION CUY ORTOWN	. COUN'	ITV CI	TATE
	1	BURIAL 2	-19-8:	3 CEDER 1-	ILL CEM	BROOKLYA	A.A.C	o Mo	AIE
		INERAL DIRECTOR	ADDRES		259-04	B 2 5 1083	REGISTRAR'S SI	GNATURE	,
	-	BOEPH L. KNOG	7277	W. WARTH A	VCAP I h	COO 0 10 10	our de	Abell	

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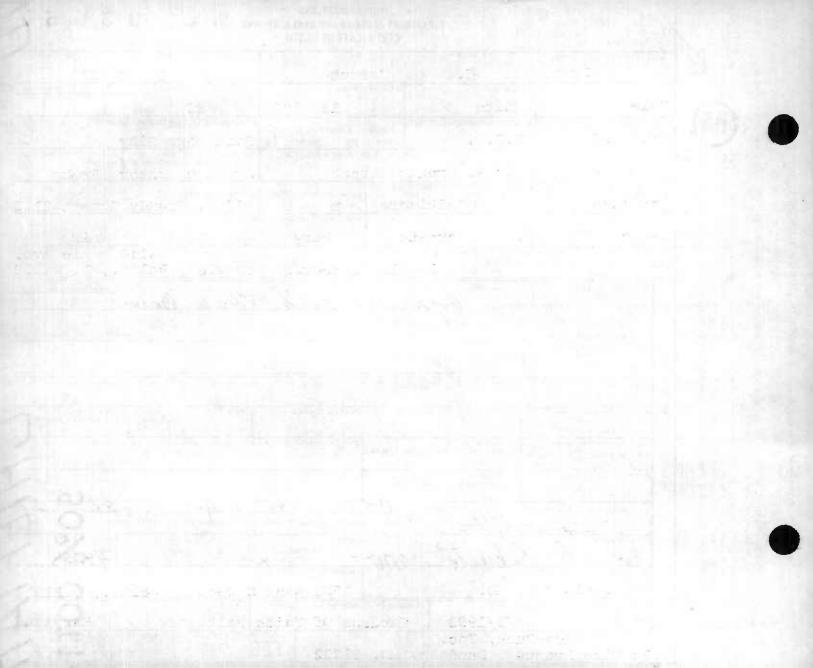
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100		CEASED NAME	FIRST		MIDDLE	i	151	200	20. DATE OF DEAT		DAY	YEAR 2	b. HOUR
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	1. SE	(4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER	R I YEAR	F UNDER 24 HRS
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M L	/ i. B	RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	□ NEVER A		9. BALTIMORE CI			ATH	
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0.2	10 C	TY OR TOWN OF DEAT	н	11. NAME OF	HOSPITAL, NU	IDSING HOME C			12a. USUAL OCCU	PATION	12b. I		BUSINESS OR
9/	Ba	altimore		432 S	H FACILITY, GIVES	ndy St	ceet		Crane C			USTRY Armo	CO
pe	USU	AL RESIDENCE (IF NURSIN	IG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)						***************************************	
	Ma	ryland	13b. COUN	11	Balt	imore	13d INSIDE C	NO 🗆	432 S.		dy St	ree	t 2122
2	14. FA	THER'S NAME	Α.	AIDDLE	LAST			S MAIDEN NA	ME	LE		LAST	
N.	Jā	mes		W.	Barr			ry	A.		M	Veir	
00		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMA	INT	Al	DDRESS 8.	110 E	uki	e Ave.
med	No)	(IF TES GIVE	WAR OR DATES	218-1	0-3100	Cathe	rine 1	E.Deyle	Ba.	lto.,	MD.	21222
	NOI	couse (o), stoting underlying couse	lost.	(c)		EQUENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR (CONDITION	GIVEN IN P	ART Ito	
oms out	CERTIFICATION	19a DATE OF OPERATI	ON	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	IN CER	YES, WERE RTIFYING C YES	AUSES O	S USED F DEATH?
18 sho	CER	21a. ACCIDENT WAS UNDE	-	216. TIME C		DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR F	ART 2)	
7	AL	OR CONTRIBUTING CA		IH.	M. MOITIN	19							
	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE	OF INJURY	SEICE EARLY STC 1	21f LOCATIO		CITY	OR TOWN	COL	INTY	STATE
	Z	WHILE NOT WHILE	E 🔲	TAT HOME, ST	TACTORT, OF	FILE, FARM, ETC.)							
		22a.1 certify that (I) (this hospit	tol) ottended th	e deceased fr			19.83	10_2/2		. 19 8		ot (1) (see) lost
7		sow the deceased above, (I) (www.) (di	d olive on .	view the body	ofter death.	19 83 , 01	d that in (my)	(our) opinion	deoth occurred on t	he date and	hour and fr	om the co	uses stated
-		115 AIGNATURE	0	PI	1		DEGREE				220	DATESI	GNED
		FORTH 1	2 10	no.	Mn	mid		PHYSICIAN		STAFF YSICIAN [2	14/9	75
3 /		224 PHYSICIAN'S NA				11/0	22e ADDRES	S			/	17	
1	-	J.R. Lil	bert	o, MD.			3508	Bank	Street	Ва	alto.	, MD	.21224
	23a	BURIAL, CREMATION, R	EMOVAL			23c NAME OF C			23d. LOCATION	/N	COUNT	Y	STATE
-	ΙBι	irial		2/5/1	.983	Garde	ens Of		h Baltin	ore		Ma:	ryland
1/82	24 F	JNERAL DIRECTOR DI	uda-	Ruck,	Inc.	RESS			P REC'D. BY REGIST	RAR 25b	SISTRAR'S S	IGNATUI	RE
	79	22 Wise	Aven	ue D	undal	k, MD.	21222	LC	D / 190	0	mo	- LOL	muy



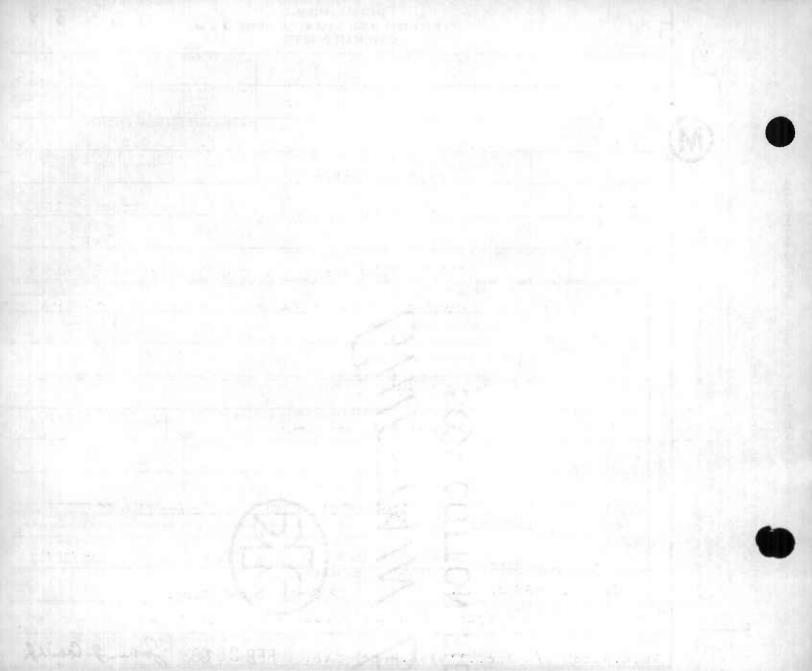
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

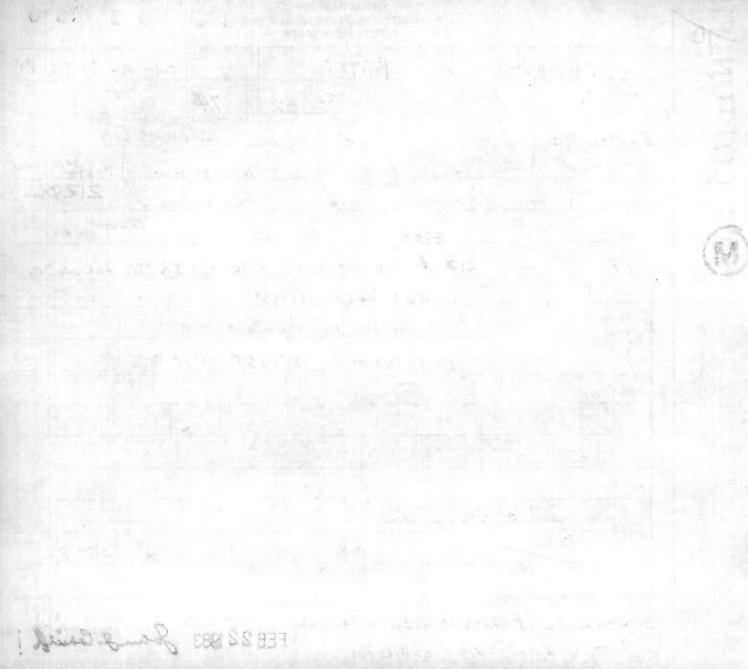
FOR STATE

(VRA 15, 4)

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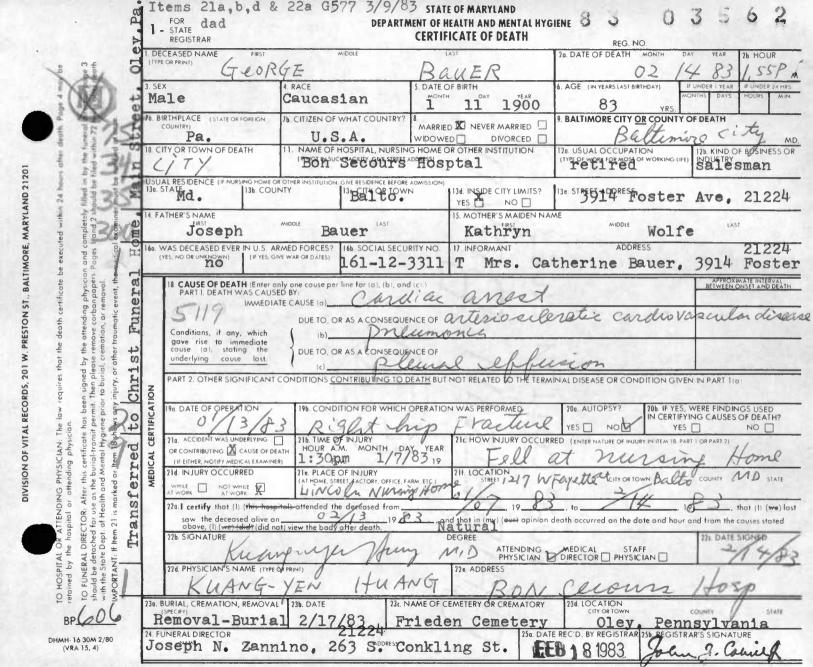
(VRA 15, 4)





#	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
	. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be	ANNIE	BATTEN	FEBRUARY 3, 1983 3:30 M
Poge 4. m.cy	I. SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 4 19 20	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. P	COUNTRY) C. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY
ors offer and the state of the	BALTIMORE THE	AE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TO STORM THE PROPERTY HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
in 24 hau y filme in should lie	ISUAL RESIDENCE (IF NURSING HOME OR OTHER INST 130. STATE 13b. COUNTY	134. CITY OR TOWN 134. INSIDE CITY LIMITS? BAST, METE YES NO	13e STREET ADDRESS #212
completely 1 and 2 s	4. FATHER'S NAME FIRST MIDDLE	BURNS 15. MOTHER'S MAIDEN NA	MIDDLE WILLIAMS
be executed and an an and an	60. WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D		DION 1623 E. NOTTH AVE
eath certificate freeding physici re order opper on or removal.	18 CAUSE OF DEATH (Enter only one con PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Canditions, if any, which	Paris de de Arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the d	gave rise ta immediate	TO, OR AS A CONSEQUENCE OF (c) ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	SINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law required to be the sign of the sig	190. DATE OF OPERATION 196. 0	Touly soudy lighter	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
Physical Physics of the Physics of t	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2)
G PF otten s the s the	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDIN spiral ar ICTOR: Afi d far use a d far use a r of Health	220.1 certify that (1) (this haspital) atten- saw the deceased alive an abave, (1) (we) (did) (did nat) view the	e body after death.	death accurred an the date and haur and from the causes stated
by the hores and the hores of the hores of the contract of the	22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN
TO HOSPITAL OR ATTENDI retained by the haspital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal IMPORTANT: If them 21 is m	22d. PHYSICIAN'S NAME (TYPE OR)	100 per Tolyn	s Hopkin Hospital
BP	230. BURIAL, CREMATION, REMOVAL 23b. DA	18/83 BAITO Cemi	23d. LOCATION CITY OF TOWN COUNTY STATE M. C
DHMH-16 30M 2/80 (VRA 15, 4)	Betts Funeral	Home 1129 N. Caroline FEE	FREC'D. BY REGISTRAR PAREGISTRAR'S SIGNATURE COLORS

THE RESIDENCE OF THE PARTY OF T THE REAL PROPERTY AND THE PROPERTY AND THE PARTY AND THE P Soll turness the character than the terms of the think



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 5

Г	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
	ECEASED NAME	FIRST		MIDDLE		AST	26. DATE OF DEATH			2b. HOUR	
		John		J	Ba	uer	February 1		3 .		M
3 SE	Male		4. RACE White		5. DATE O	ember 5, 1889	6. AGE IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HR	
7a. B	COUNTRY LAND	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C			MD.
	TITY OR TOWN OF E Baltimore	DEATH		HOSPITAL, NURS HEACHITY, GIVE STRE Catalapl		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Retired 1		12b. KIND C INDUSTRY CO	F BUSINESS C	R
13c.	STATE Maryland	13b. COUP		Baltimo	ore admission) WN Dre	13d. INSIDE CITY LIMITS? YES MO	130 SIREET ADDRESS 5400 Cata	alpha H	Rd 21:	214	
14. F	Hugo		MIDDLE	Bauer	W.	15. MOTHER'S MAIDEN NA/ Emma	ME MIDDLE	Bei	rnasco	т	
160	WAS DECEASED EV (YES NO OR UNKNOWN)		MED FORCES?	217-03-		17. INFORMANT Mrs Evelyr	ADDRE n E Emmart		Berwic <i>l</i>	k Ave	
z	Canditions, if a gave rise to a cause (a), sta underlying cau	mmediate sting the use last.	DUE TO, O	r as a conseo	UENCE OF	C/EROSI.		DITION GIVE	N IN PART 110	21	
CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?		WERE FINDING CAUSES		
	2)a. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DE	CIPI	M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	IT I OR PART 2)		
MEDICAL	21d. INJURY OCCU	WHILE O	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
	22a.1 certify that sow the dece above, (1) (we		tal) attended th			nd that in (my) (aur) apinion (death accurred an the do			that (II (we) lo causes stated	ast
	22b. SIGNATURE	de	dou.	- M.	0.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		2/2 DATE	SIGNED 83	
	22d. PHYSICIAN'S Ce.		Parra M	1.D.		22e ADDRESS 7122 Ha	arford Rd	Baltin	more, l	Marylan	ıd
230.	BURIAL CREMATIO	N, REMOVAL	23b. DATE 2/4/		NAME OF C	emetery or crematory	23d LOCATION CITYORTOWN Baltimo	re, Mai	county ryland	STATE	

DHMH - 16 50M 4/82

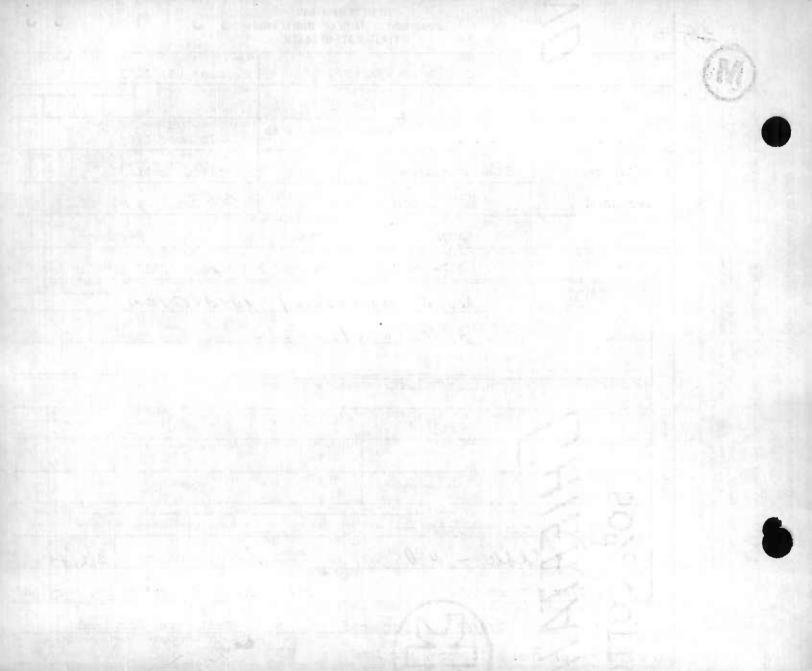
MPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

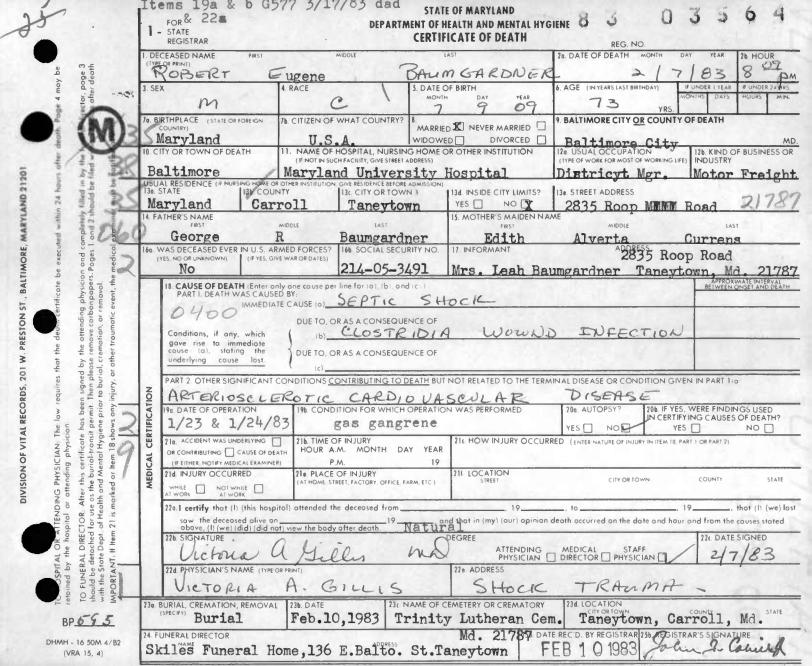
(VRA 15, 4)

BP.

24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

25a, DATE REC'D, BY REGISTRAR 266



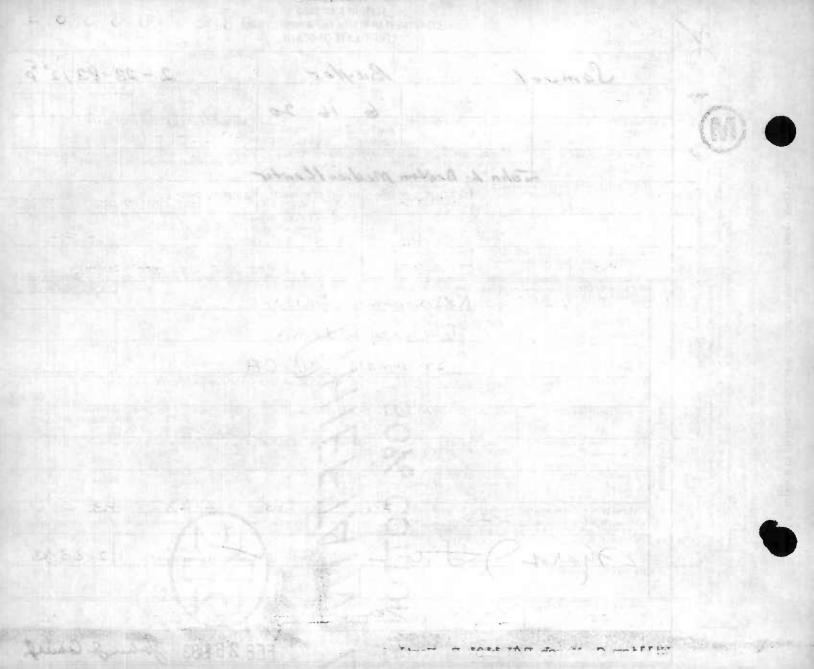


Participate City the interest of the interest o mercus (+ f Chargoll area to a constant from the second Atthe commenced with a series of a Gentere 2835 Room Road 23A-C 17492 | ro. Loan Jameser her Taragross, MA. 237

Rurtal Meb. 11, 1982 Triestly Inthopen Con. Chrayton, Currell . . .

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FO	OR	DEDADT	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENE & S	0 3 5 6 5
	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	17	MIDDLE	D do	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
e o o o o o o o o o o o o o o o o o o o	Jamue	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	-23-83/2 P
	male	black	MONTH DAY YEAR	62	MONTHS DAYS HOURS MIN
3 SIRTH COU	HPLACE (STATE OR FOREIGN JUNTRY) Md	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimore of	
Bal	or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINESS C
- 6 -	RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	2404 Llewely	yn Avenue 2121
Hen		MIDDLE LAST Baylo	15 MOTHER'S MAIDEN NA FIRST TAICY	MIDDLE	St John
	S DECEASED EVER IN U.S. ARI		URITY NO. 17 INFORMANT	address or 3401 Woodb	
removol.	PART I. DEATH WAS CAUSE	ly ane cause per lipe or (a), (b), or D BY: E CAUSE (o)	No. 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
roumotic	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEOU	repl Edema		
0 0 0	couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	Amous Cell C	A	
PA PA	ART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
the buriol-transit permit. The and Mental Hygiene prior to ked or Item 18 shows any injury and item 18 shows and item	DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 2	0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
Aentol Hyg	10. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)
MEDICAL MED	MILE NOT WHILE TWORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Heolifi Si mon 152		rol) oftended the deceosed from 19	2-18 , 19 83 , and that in (my) (our) opinion	, to Z-Z3 death occurred on the date	and hour and fram the causes stated
40 #	2b. SIGNATURE	Q-fr	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED 2-23-33
old b	2d. PHYSICIAN NAME (TYPE O	R PRINT)	PHYSICIAN 228 ADDRESS	DIRECTOR PHYSICIAL	
234. DUK	RIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY Veteran Cemetery	23d LOCATION Crownsvill	e county Md
		2/20/05	· · · · · · · · · · · · · · · · · · ·		C I M

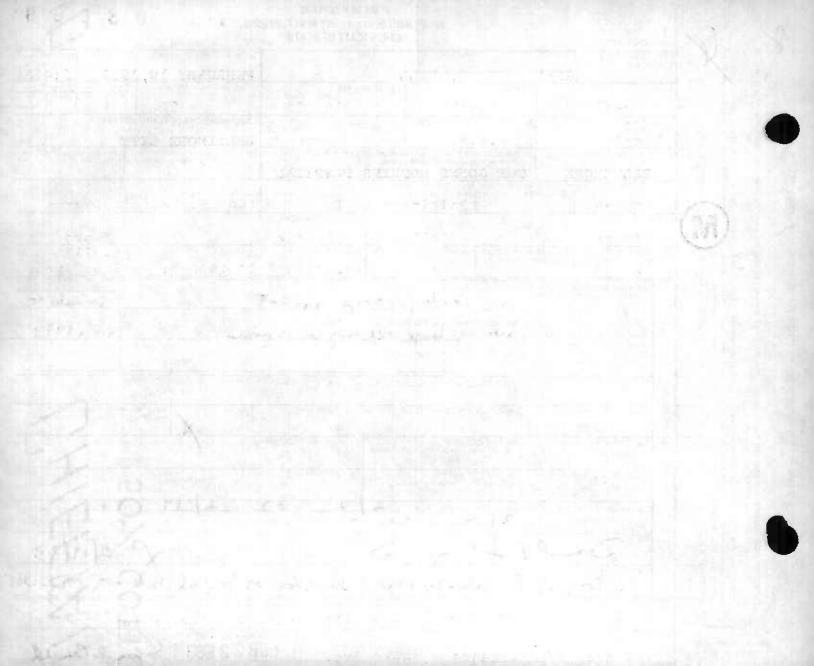


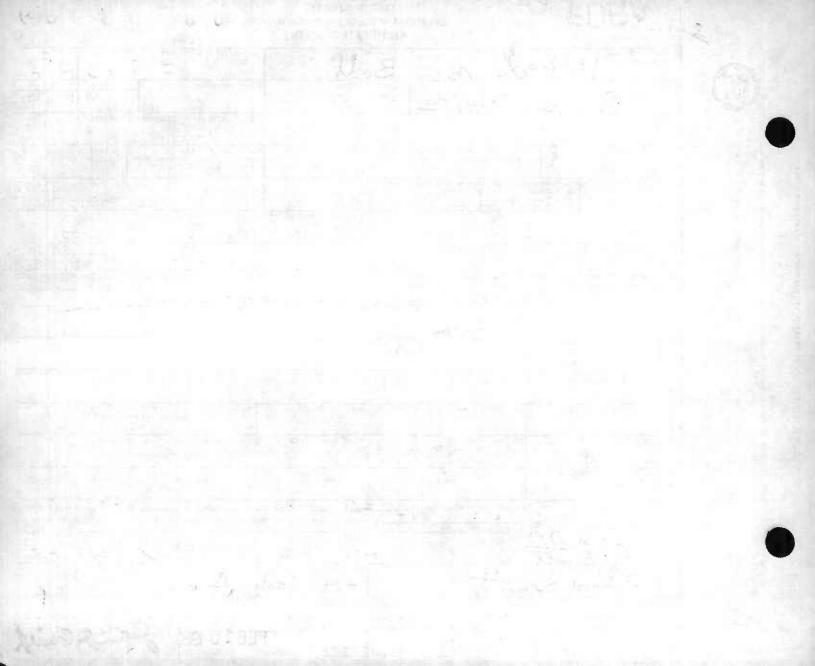
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ľ		EASED NAME OR PRINT)	FIRST		MIDDLE			LAST		20.	DATE KNOV	NN 🛇 '	HTMON	DAY YEAR	26 HO
l			Roland	i W	lbur		В	eall		D	EATH MAT	ED 🗌	2	28 1983	
3	. SEX	4. RA	CE	S. DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN	DER TYR.	IF UNDER 2		DATE	N	NONTH	DAY YEAR	2d HOL
M.	al	e Wh	ite	9/13/19	808	75 Y	RS.	DATS	HOURS	MIN. PRC	DEAD		2	28 1983	12:1
1	a BIR	THPLACE (STATE O		b. CITIZEN OF W	HAT COUN	VTRY?	8 MARRI	ED NEV	ER MARRIEI	9. B	ALTIMORE (CITY OR C	COUNTY	Y OF DEATH	
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Ī	0. CIT	OR TOWN OF D	ATH	11. NAME OF HO	SPITAL, NU	IRSING HOM	E, OR OTH	ER INSTITUT	NOI	120. USUAL	OCCUPATIO OF WORKING LI	N (TYPE OF	WORK	26. KIND OF BU OR INDUST	JSINESS
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ľ		D		_	Balt	imore		YES X	NO 🗆	6604	O'Donn	ell:	St.	21224	
Ī	4. FAT	HER'S NAME		MIDDLE					R'S MAIDEN						
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ь	60 W	AS DECEASED EVE				CIAL SECURIT	Y NO.			Marri	otts	PRESS		21104	
	Ye		WW II	AR OR DATES)	577-	-01-914	1	Gabri	elle v	V. MCC	Clellar	n	2000	21101	
F	T	8 CAUSE OF DEA	TH (Enter anly	ane cause per lin										APPROXIMATE BETWEEN ONSE	E INTERVAL
ı		PART I DEATH	WAS CAUSED	BY.		and s	oot i	nhala	tion					BEIWEEN ONSE	TAND DEAT
ı		890	IMMEDIATE			NSEQUENCE		milara	11011						
1	7	Canditians, if		(b)											
	H	cause (a) statii	ng the under-	< '-'	R AS A CON	VSEQUENCE	OF				10/25				
ı		lying cause las	<u>†.</u>	(c)											
	ı	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	-	BUT NOT REL	ATED TO THE TERM	AINAL DISEASE	OR CONDITION	I GIVEN IN PART	1 (0)					
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1	\$ 1	190. DATE OF OPER	RATION	196 COND	ITION FOR	WHICH OPER	N NOITA	AS PERFORA	MED?		1			20 AUTOPSY	?
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1	CER	10. EXTERNAL CA		216. TIME O	FINJURY	DAY YEAI	21c. HC	W INJURY	OCCURRED	(ENTER NATU	RE OF INJURY IN	ITEM 18 PART	1 OR PART		- 4
1	X	INDERLYING X	OR CAUSE OF DE			28 1987		louse	fire						
1	ă	14 INILIRY OCCU	RRED	21e PLACE	OF INJURY	(AT HOME.	21f. LO	CATION	1116						
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1		death resulted fro	1//19	couses 4/	Acciden	A. V.	ncide 🔲	Hamici		Undetermi	ned manner	<u> </u>			
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1	-	SIGNATURE	(A)	vicory	MAN	M	M	Deput	y Chi	2 MEDICAI	EXAMINER		SIGNED	2/28/8)
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+		TYPE OR PRINT)				NAME OF CE		DDRESS				Daii	0.,	11D.	
Н	(SP	CIFY)								23d. LOCA City OR to		0:4	COUNT		TATE
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1	wa.	ter Broo	KS Brac	itey, ind	J. Ba.	TO. MI)		*****	- 10	//		-0		

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10		1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA LEALTH AND A LICATE OF D	MENTAL HY		€. 3. NO.	3 5	68
X			CEASED NAME FIRST		WIDDLE	i	AST		20. DATE OF DEAT		DAY YEAR	26 HOUR
3/		(1110	INI	EZ	E. BEL	L			FEBRUAR	RY 19	1983	6:45Am
er p		3. SE)		4. RACE		S. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
director, hours ofte ie,			Female	B1	ack	MONTH 7	10	25		57 YRS.		HOURS MIN.
2 hou		7d. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVERA	AARRIED A	9. BALTIMORE CIT	Y OR COUNT	TY OF DEATH	
within 72 h	0	M	aryland		. A .	WIDOWE	D DN	VORCED [BALTIMO	DRE CI	TY	MD.
by the fulled with	33	10. CI	BALTIMORE	(IF NOT IN SU	HOSPITAL, NURSING HEACHITY, GIVE STREET OHNS HO	ADDRESS]			12a USUAL OCCU			OF BUSINESS OR
fill d in	35	13a. S	AL RESIDENCE (IF NURSING HOM TATE 13b. CC	E OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE C		13e STREET ADDRE			1205 enue
FA	9 1	14. FA	THER'S NAME	WIDDLE	LAST			MAIDEN NA			LA	
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and ages edic		16a W	AS DECEASED EVER IN U.S.	ARMED FORCES?	168 SOCIAL SECL	RITY NO.	17 INFORMA	NT	AC	DDRESS	Apt. 7	12
cor F	1		No	, One war on Dates	N/A		Rando	lph B	ell 1400	E. M	adison	Avenue
papers. papers. saval. ent, the	1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse pe	r line for (o), (b), on	d (ç1.)					BETWEEN	ONSET AND DEATH
ph) on po emo			PART I. DEATH WAS CAI	DIATE CAUSE (a)	Cardio	10 lmon	ery a	nes	t		im	ngliate
carb carb			1629		R AS A CONSEQUE	NCE OF						100
he ottendin emove carb emotion, or or er traumotic			Conditions, if ony, which	(meters	tatiz large	all	lingc	arcino	ma		Sina	e 1979
Se rei I, crem other			gave rise to immediate couse (a), stating the underlying cause lost.		DR AS A CONSEQUI	NCE OF	U					
hen ple to buria		NO	PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR C	ONDITION G	GIVEN IN PART 1	0
permit.		CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSYT		ES, WERE FINDI	
W SW	-	TIFIC							YES NO		TIFYING CAUSES YES:	NO [
£ @	0	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	AV VEAD	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE	MIRY IN ITEM 18	8 PART 1 OR PART 2)	
Mental Hygie ar Item 18 sho	7	CAL	OR CONTRIBUTING CAUSE OF	DEATH	.M.	19						
2 5	1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	ARM FTC I	211. LOCATIO	N	CITY	OR TOWN	COUNTY	STATE
olth ond marked		2	AT WORK NOT WHILE AT WORK	(Al nome st	ALLEY, PACTORY, OFFICE, P	mam, ETC J			· ·			
Heolth is mar			220.1 certify that (1) (this he			2	17	. 19 8	, to 2	19	. 1983	that (1) (we) last
2 4 5			sow the deceased alive above, (I) (we) (did) (did	not) view the body	ofter death.	67 .00	nd that in (my)	(our) opinion	death accurred on th	ne date and he	our and from the	couses stated
detached for us ate Dept. af He VT: If Item 21 is			226. SIGNATURE	001	l	1	DEGREE	TTENDANG	11501511		22c. DATE	SIGNED
2 4			Jan	11.4	1	~~\ <u>\</u>		TTENDING PHYSICIAN [MEDICAL DIRECTOR PH	YSICIAN	21	9183
should be det with the State IMPORTANT:	1		220 PHYSICIAN'S NAME IT	PEOR PRINT)	ulmosy r	du	John		ins Hospita	el, Bil	behave, 1	mD21/26
sho with			URIAL, CREMATION, REMOV				EMETERY OR C		236 LOCATION	IN .	COUNTY	STATE
			BURIAL	2/24	/83 C	edar	Hill		ery Gle	nburn	ie	Md,
OM 4/8:	2	24 FL	NERAL DIRECTOR		ADDRESS				TE REC'D, BY REGIST		STRAR'S SIGNA	TURE
15. 4)		T.7	C W1 D/	77 T 4			A		-B 2 2 1983	1 1/4	1. 9.1	ALLAN





24 FUNERASCHIMUNEK Funeral Home, Inc.

3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

NO F

Md STATE

STATE

IF UNDER 24 HRS

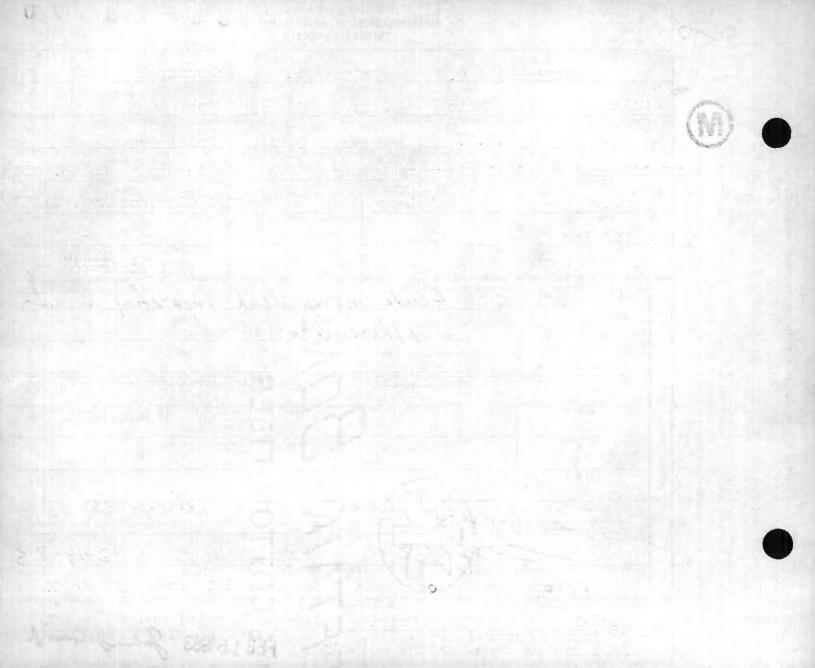
MARYLAND BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

REGISTRAR



injury, ar other traumotic event, th

IMPORTANT: If Hem 21 is marked at Item 18 shows any

24 FUNERAL DIRECTOR

NAME

HUBBARD FUNERAL HOME,

poge 3

may be

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25a. DATE REC'D. BY REGISTRAR 251. EGISTRAR'S SIGNATURE
FEB 1 5 1983

A	YEAR	2b. HOUR
	-	

-		REGISTRAR				REG. N	٥.		
		CEASED NAME FIRST		MIODIE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	TITTE	SET	HAPAN	BENG	HASIC		02 10	83	12:40 PM
	3 SE)		4. RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDI	ER I YEAR	IF UNDER 24 HRS HOURS MIN.
ð		MALE	ORIE		29 80	2	YRS.	DATS	HOURS MIN.
	7a BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	RIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	HTAE	
K	1	USA	U.S.	.A. wido	WED DIVORCED	BALTIMOR	E CITY		MD.
0	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATI		KIND O	F BUSINESS OR
		BALTIMORE	S'.	. AGNES HOSE		N/A	T TO ART TO ETTE 140	N/	Α
	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 CO		GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	I 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
5	MA	RYLAND BA	LTIMORE	CATONSVILLE		9 SLATE M	ILLS COU	RT,	21228
	14 FA	THER'S NAME	WIGGIE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE			
		SAKDA	MIOOLE	BENCHASIL	WARA PORN	MIDDLE	S	ONGE	NARDEN
		VAS DECEASED EVER IN U.S.		166. SOCIAL SECURITY NO). 17. INFORMANT	ADDRE	SS		
3		ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	NONE	DR. SAKDA BE	NCHASIL 9 S	LATE MIL	LS C	OURT
-		18 CAUSE OF DEATH (Enter	only one couse per	fine for (a), (b), and (c).)				APPROX	MATE INTERVAL
		PART I. DEATH WAS CAU	ISED BY.	GEREBRAL	EDEMA				And Izenia
		2479 MMED	IATE CAUSE (o)						
		2/3/	DUE TO, O	R AS A CONSEQUENCE OF	-10.0				
	100	Conditions, if ony, which gave rise to immediate	(b)_	LEREBRAL	Medy				
	86	couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUENCE OF					
		DARK OF STREET	(c)						
	Z	PART 2. OTHER SIGNIFICAN	II CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CON	JITION GIVEN IN	PART 1(0
	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDIN	NGS USED
H	FIC		-			YES NOT	IN CERTIFYING	CAUSES	
_	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	21c HOW INJURY OCCURE	- V	YES X	0 0 0 0 0 0 0 0	NO 🗌
		OR CONTRIBUTING _ CAUSE OF	110110 1	M. MONTH DAY YEA	AR COUNTY OF THE PROPERTY OF T	(ENTER NATIONS OF INJUR	THE TEN TO PART TO	(MAI e)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM)			9	Dec 2011 19 11			
	ME	WHILE TO NOT WHILE TO	21e PLACE (AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN CC	YTHUC	STATE
		AT WORK							
		22a.1 certify that (I) (this ho			. 19				that (I) (we) last
		saw the deceased alive above, (I) (we) (did) (did	not) view the body	ofter deoth.	and that in (my) (our) opinion (deoth occurred on the de	ate and hour and f	rom the	couses stated
		226. SIGNATURE	/-		DEGREE			It. DATE	SIGNED
		Best I)	rinton		M.O ATTENDING PHYSICIAN	MEDICAL STAT		2/1	1/83
		22d. PHYSICIAN'S NAME (TY			22e. ADDRESS				
		BERT 7	-, Mor	ZTON	ST. AGNES H	OSPITAL			
T	23a B	URIAL, CREMATION, REMOV			F CEMETERY OR CREMATORY	23d. LOCATION			
		SPECIFY) PREMATION	02-1/	-83 T.OT	IDON PARK	BATTTMORE	CITY	MAR	YLAND

21229

4107 WILKENS AVE

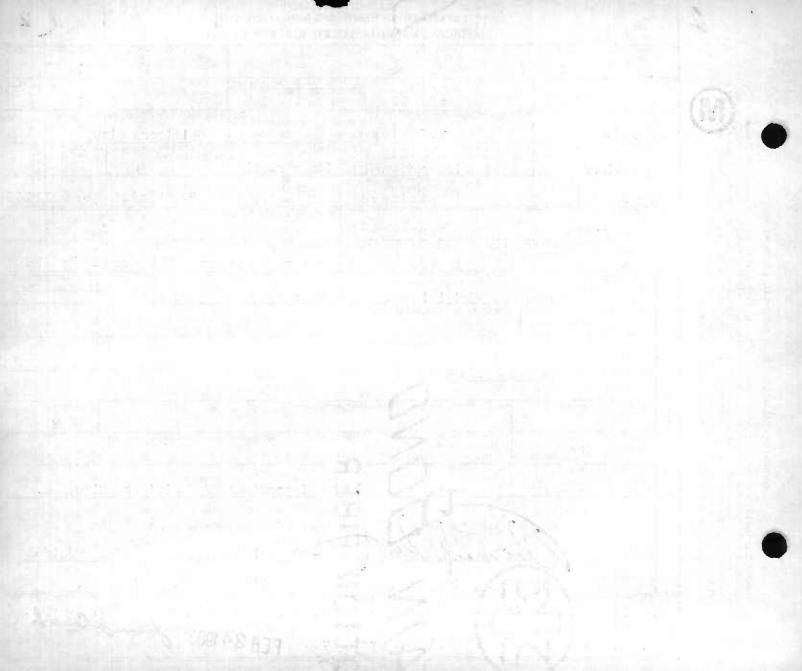
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DHMH-16 30M 2/80 (VRA 15, 4)

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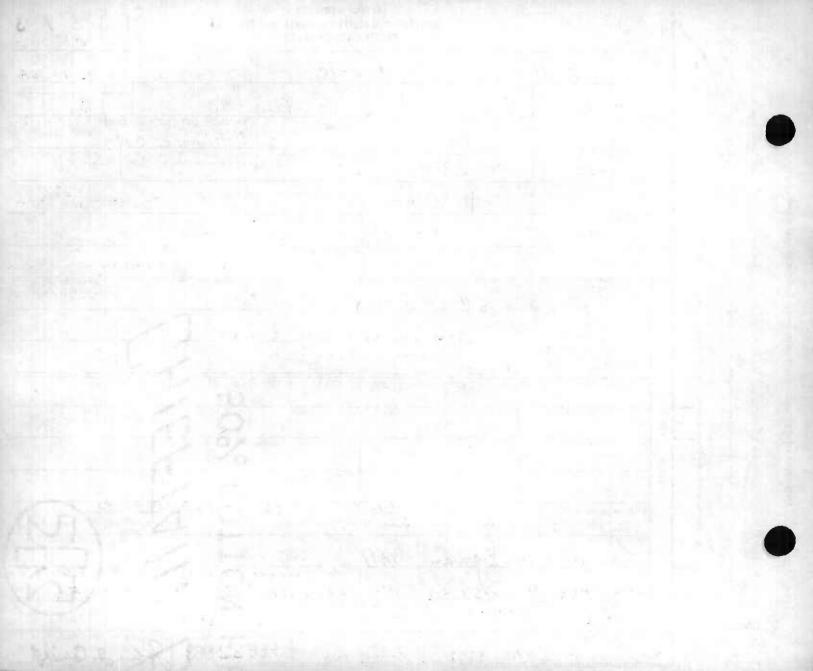
20M 4/82



MARYLAND 21201

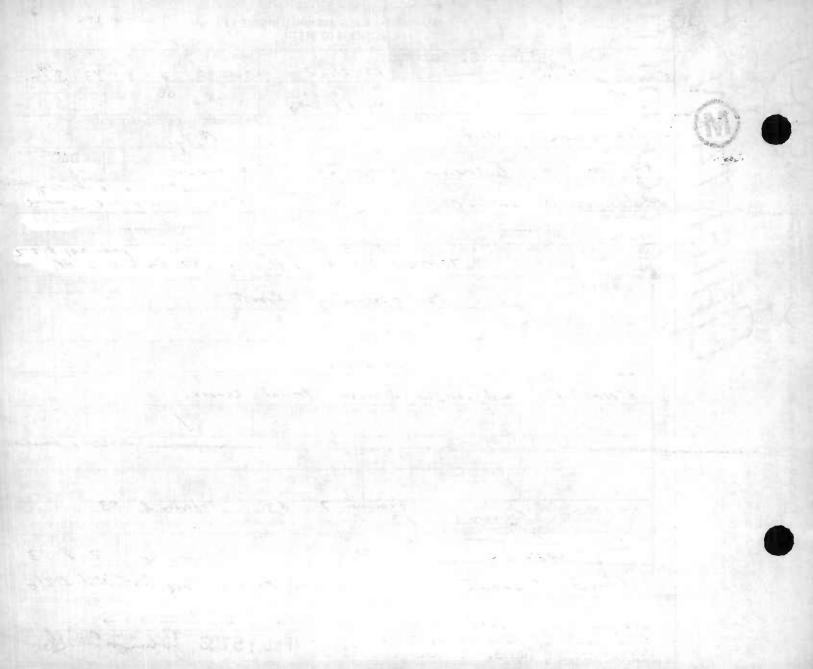
W. PRESTON ST.,

DIVISION OF VITAL RECORDS,



6	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		ENE 8 3	0	3 5	7 4
·(M)	{ TYPE	CEASED NAME FIRST OR PRINT) EMMA		MAT ILDA		ENTON.		20. DATE OF DEATH	MONTH DAY - 23 - 8	YEAR 2b.	HOUR PI M
9	3. SE	× FEMALE	4 RACE WHITI	7	5 DATE (DAY Y	YEAR .895	6 AGE (IN YEARS LAST B	MOM		UNDER 24 HRS DURS MIN.
To day	10.BI	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTR	Y? 8.	D NEVER MARR		9 BALTIMORE CITY	YRS.	DEATH	
de fune	10. C	MARYLAND TY OR TOWN OF DEATH		HOSPITAL, NURS		DIVORO		BALT IMOR	ION	12b. KIND OF BI	MD. USINESS OR
by the filed of		BALTIMORE	BON	SECOURS	HOSPI	TAL		HOMEMAKI		INDUSTRY	
filled in hould be	13a. S	MARYLAND	AE OR OTHER INSTITUTION OUNTY	130. CITY OR TO BALTIM	NWN	13d INSIDE CITY LI YES 🔀 NO		13e. STREET ADDRESS 622 S. PA		REET, 2	21223
ompletely ond 2 s		GEORGE	MIDDLE	HAUCK		IS. MOTHER'S MA FIRST KAT		WIDDLE		SIEFI	ERT
on ond c		VAS DECEASED EVER IN U.S yes, no or unknown) (if ye: NO	. ARMED FORCES? s, GIVE WAR OR DATES)	212-74		17. INFORMANT EDWARD L	. SAN	NDERS 1922	ess 2 RAMSAY	STREET	2,21223
ow requires that the deart been signed by the atten mit. Then please remove a prior to burial, cremation, ony injury, or other trouma	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost PART 2. OTHER SIGNIFICAL 190 DATE OF OPERATION	DUE TO, O (c) NT CONDITIONS CO		DUENCE OF DEATH BUT	NOT RELATED TO T	50	NAL DISEASE OR CON	20b. IF YES, W	IN PART 110 VERE FINDINGS GCAUSES OF	
PHYSICIAN, The I ending physicion. this certificate has build-transit pe build-transit pe and Mental Hygiene dar them 18 shows		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURRE	YES NOTE	YES [NOZ
DING PHYSI ar attending After this ce to as the buri alth and Me morked ar It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
ATTEN ospital ECTOR: id for us it, of He m 21 is		220.1 certify that (1) the saw the deceased alive obove 1 was 1 cm 22b. SIGNATURE	on 2	23 10	83.0	nd that in the Country DEGREE	p 8 3 Oppinion di	eoth occurred on the c	date and hour ar	nd from the cou	we lost ses stated
by the by the ERAL D e detacl		22d. PHYSICIAN'S NAME (IT	D B	Coh	an)	M - D ATTEN	NDING X	MEDICAL STA		2/2	3/83
TO HOSP retained by TO FUNE should be with the SMPORTA	22- 5	HOWAR	DB.	(048	1	Bot		SECOL	JRS	1405	b1201
BP	(surial, cremation, remo ⁱ specify) BURTAL	23b. DATE 02-26			EMETERY OR CREM		23d LOCATION CITY OR TOWN BALTIMO	RE CITY	оинту МА	RYLAND
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR NAME BBARD FUNERAL		ADDRESS	:	21229	FEE	2 5 1983	John	L'ESIGN TURE	if

FEB 3 5 883 3 4 - 2 Could AND THE REAL PROPERTY OF THE PERSON OF THE P



24. FUNERAL DIRECTOR

- STATE

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 83 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

IF UNDER 24 HRS

26. HOUR

BALTIMORE CITY OR COUNTY OF DEATH

XXXX

BALTIMORE CITY 12ª USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE

126. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION

SALESMAN

13e STREET ADDRESS

524 N. CHARLES ST.

#21201

NKNOWN

MALCOLM E. ABERNSTEIN 17 INFORMANT

822 MILFORD MILL RD. BALTO., MD 21208

	one couse per line for (o), (b), and (c).) BY: CAUSE (o) Can diopulmmany	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4408 Conditions, if ony, which	Due to, or as a consequence of (b) a there schlero to	vascular dicease	
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		

13d. INSIDE CITY LIMITS?

NOF

15. MOTHER'S MAIDEN NAME FIRST

YES X

20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2

211. LOCATION

CITY OR TOWN

NOF

YES

STATE

NO [

COUNTY

pur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

BURIAL FEB. 25, 1983 MOSES MONTEFIORE

SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD. BALTO. MD

WOODMOOR HEBREW 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR

23 d. LOCATION

CITY OR TOWN

BALTIMORE

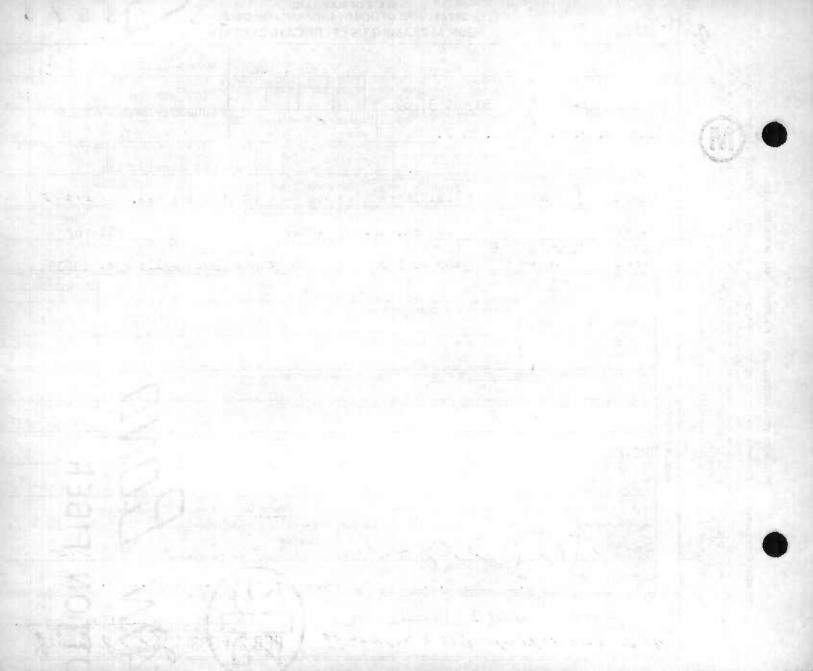
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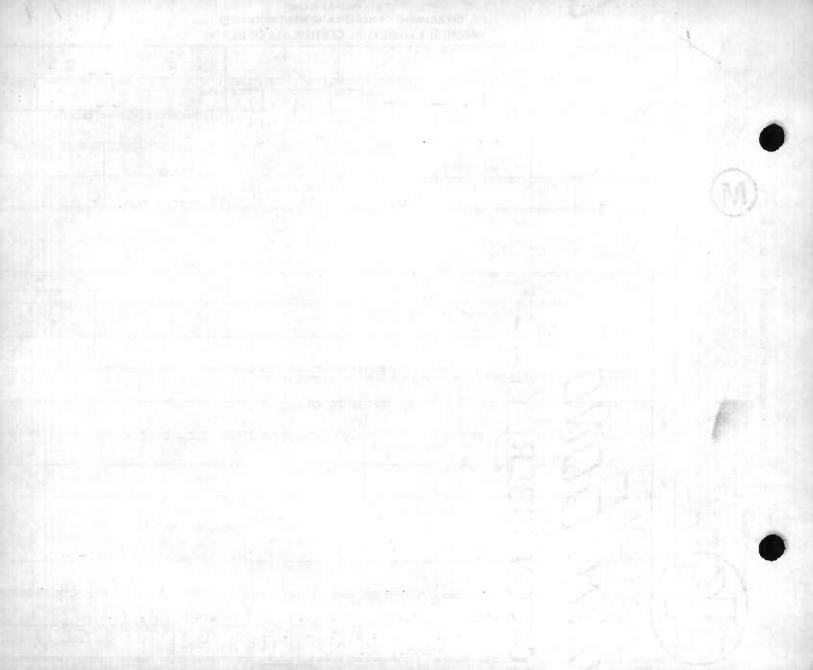
3	1-	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								3 / /			
TON STREET,		EASED NAME OR PRINT)	Brűče Akkax		Men X.		Berwich	ĸ	2	OF E	STI-		DAY YEA	33 M	
3	3 SEX	LE	WHITE	5. DATE OF BIRTH MONTH DAY 10/20/	YEAR LA	AST BIRTHDAY)	MONTHS DAYS	IF UNDER :		C. DATE RONOUNCE DEAD	D	MONTH 2-2		33 4 HOUR a _m	
20	₹a. BII	RTHPLACE (STA		76 CITIZEN OF WH	IAT COUNTRY?	8 4	AARRIED NE	VER MARRIE DIVORCE	ED 🔲	BALTIMOR	_	e Cit	Y OF DEATH	771	
5		Baltim	ore	Central	Police	Stati		TION	FOR MC	AL OCCUPAT OST OF WORKING PAINTE	LIFE)	E OF WORK	OR INDU	JSTRY	
	13a. S1		113P CON.	or other institution, giv TY CIMORE	13c. CITY OR T	TOWN	13d. INSIDE C	ITY LIMITS?		ET ADDRESS DUNDA	LK A	VE. 2	21222		
30	14. F.A	THER'S NAME JOHN		MIDDLE D.	BERW]		LE		N NAME	MIDDL	100		GUNTE		
2		AS DECEASED S, NO, OR UNKNOW YES		MED FORCES? WAR OR GATES) NES 1973	217.64	1.3863	A 10 10 10 10 10 10 10 10 10 10 10 10 10	G. BA	IBAK)	~		HARF	FORD R	D.	
	NO	gove rise cause (a) lying cous		(b) DUE TO, OR (c) (c) CONTRIBUTING TO DEATH B	AS A CONSEQUIT NOT RELATED TO		DISEASE OR CONDITIO	N GIVEN IN PAR	VI 1 (a).						
JRIAL, G	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHIC	CH OPERATIO	N WAS PERFOR	MED?					20. AUTOP		
3	MEDICAL CERT		OR G CAUSE OF D	0.05	MONTH DAY	ES P	subj	occurred ect ha			IN ITEM 18 I	PART 1 OR PAR			
	MED	VHILE AT WORK	NOT WHILE X		ORY, FARM, ETC.)	THOME, 2	Central	Polic	ce St	ation,	Bal	timor	e Cit	y, Md.	
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		270 certify death resulte ACTUAL SIGNATURE		e of the remains desc al causes	Accident D	A Su		Impection cide PECFY Istant	Undeter	Inquiry Emined monne	er .	DATE SIGNEE	2_2_5	33	
FTER DE	-			s F. Smyt			ADDRESS_			Street	, Ba	ltimo	ore, M	d	
	24 Ft	CREMAT JNERAL DIRECT NAME	FOR	2/4/1983 ADLEY, INC.	GREE	MOUN'	RY OR CREMATO	ORY	BAI BAI BEG-D. BY F	TIMORE		COUN		STATE MD 3	

20M 4/B2

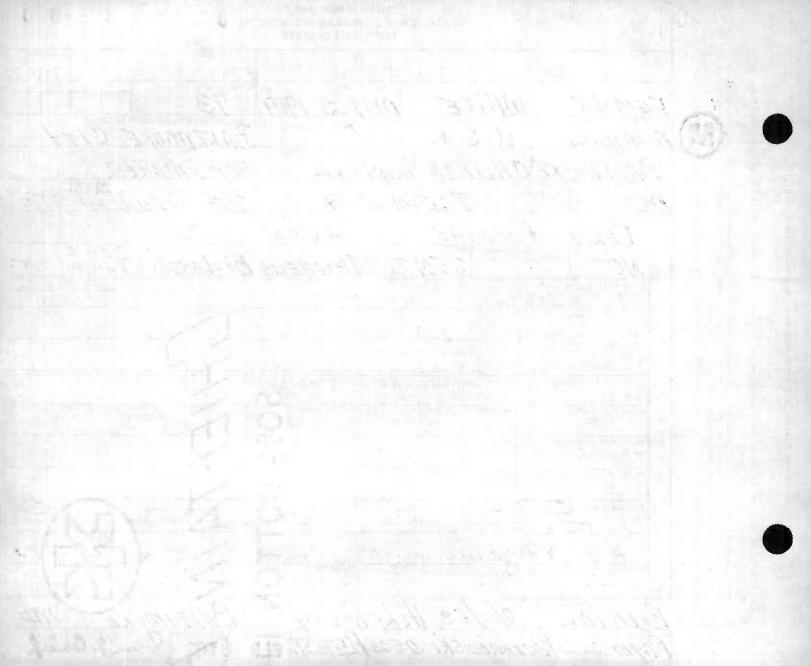
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1	1 - :	TATE EGISTRAR					MENT OF					H	Ü	3	3 /	Q
1	. DEC	EASED NAM	E	FIRST		MIDDLE		TER 3	LAST	CAIL		DATE KN	REG. NO.	MONTH	DAY YEAR	R 2b. HOU
	(TYPE	OR PRINT)	ЦΛ	ANDY					BETHE/	, T			STI-	0 01		
3	SEX		4. RACE		. DATE OF BIRTH		6. AGE (IN YE			IF UNDER	24 HRS. 2			MONTH	DAY YEA	
	3.0	-	70.7	,	MONTH DAY	YEAR	LAST BIRTHD	AY) MONT		HOURS		RONOUNCE	D	0 01		6:10
17		THPLACE (S	Blac		9 30 b. CITIZEN OF W	1913		RS.			9	BALTIMOR	E CITY OR	COUNTY		33 p
1	FOR	lon Co					******	MARR	ED A NE		IED []		_		OI DEATH	
		Y OR TOWN			U. S		RSING HOM	1		DIVORC	1	Baltin	OP CIVE	E WORK [12]	b. KIND OF	BUSINESS
1					(IF NOT IN SUCH FA	ACILITY, GIVE S	TREET ADDRESS)				FOR MC	ST OF WORKING	G LIFE)		OR INDU	
		Balti	(IF IN NURSING	G HOME OR	3024 Wyl	VE RESIDENCE	BEFORE ADMISSI	ION)			netl	red S	reeTMC	orker		
100	3a. ST	yland	Т3Ъ.	COUNTY			ortown		13d. INSIDE (T ADDRESS	- A			
_		HER'S NAME		1401	16	DAT	eTWOL-6		YES X	NO [Wyli	e Ave.	•	2/2/	
		Handy			MIDDLE	DAL	LAST	~	Lon	IRST	FIATAWNE	MIDDI	lE .	ב בכן	LAST	
1	6a. W	AS DECEASE	D EVER IN L	J.S. ARME	D FORCES?		hea, S		17. INFORM				ADDRESS	211	erby	
1	(YE	NO, OR UNKNO	OWN) (IF Y	ES, GIVE W	AR OR DATES)		03 583		Jama	a Dat	has			A	07.07	-
F	-		E DEATH /E	ntor notice	ane cause per line			7	Loame	s Bet	ilea	3024 V	уутте	Ave.	2121 APPROXIM	ATE INTERVAL
ı		PARTIDE	ATH WALAC	CALLCED	V			- ± : -		044000	ul ar	diaaaa			BETWEEN ON	SET AND DEAT
1		470	2 3 IM	MEDIATE	CAUSE (a) AI		USC LET (cardi	ovasc	ular	urseas	e			
		Canditia	ns, if any,	which	00210,00	A5 A COI	45EQ/OEIACE	OI .								
			se to imm		(b)	AS A COA	NSEQUENCE	0.5								
		lying cau		onder	DOE TO, OK	AS A COI	ASEGIOENCE	Or								
	-	PART 2 DINER SI	GNIFICANT CON	INTERNATIONS CO.	NTRIBUTING TO DEATH	BUT NOT BELL	ITEN TO THE TENA	IINAL OICEAC	OB CONDITION	N CHIEN IN DA	AV V					
	z l		om really con		IN KIDOTINO TO OLATII	DOT HOT KEE	CILO TO THE TERM	IIIAL UISEAS	OK CONDITION	N GITEN IN FA	KI 101.					
	A E	19a. DATE OF	OPERATIO	N	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOPS	SY?
1	F													_ 4	YES [
1	CERTIFICATION	21a EXTERNA	AL CAUSE W	VAS	21b. TIME O			21c. H	OW INJURY	OCCURRE	D (ENTER NA	TURE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2		, NO (X)
		UNDERLYING	OR OR	SE OF DE			DAY YEAR	R								
	MEDICAL	21d INTURY	CCURRED		21e. PLACE	OF INJURY	(AT HOME.		CATION							
	Z	WHILE AT WORK	NOT WHI	ILE	STREET, FAC	TORY, FARM, E	TC.)		TREET			CITY OR TOWN		COUNT	Υ	STATE
													7			
					of the remains des			Autap	,	Inspection		Inquiry		in my apini	an	
		death result	ed frant	Natural	causes X,	Accident	L, Su	icide	, Hamio		Undeter	mined mann	er .			
		ACTUAL	1	N.	(1	T		TITLE (S	recify) istan	+			DATE	2-22-	-83
1	- 1	SIGNATURE.	1		1	1	100	_ M	.D. <u>135</u>	131011	MEDIC	AL EXAMINI	ER	SIGNED.	L LL	02
7		EXAMINER'S	NAME	Ann A	1. Dixon	MD				111 P	enn S	t., Ba	alto	Md	21201	
1	30 BI	TYPE OR PRI					NAME OF CE						,	1104		
1	(SI	ECIFY)	MOVal	7 AL 736	2/25/83		amily I		K CREMAIC	זאכ	23d. LOC CITY OR			COUNTY		STATE
2	14. FU	NIEDAL DIDEC	TOD						1.1	25a. DATE	Dil REC'D. BY R	LON EGISTRAR	ISI GIST	Dillo	NATURE -	S. C.
	15	Mars.	hack	10/	Lampadores	138	1911	m or	19	FF		1983	Jola	2	Calre	el
L	,,									. –		.500	1			11.4



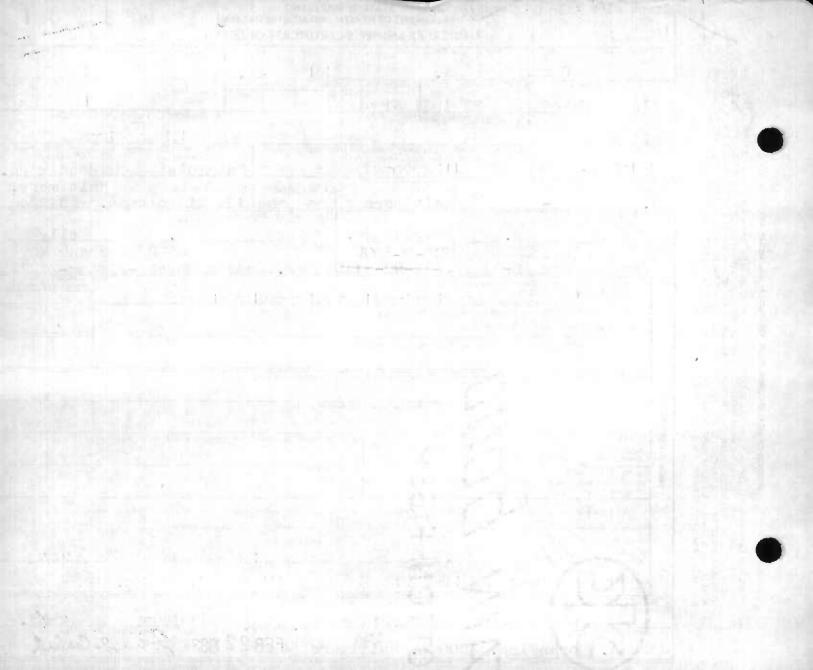
		SED NAME	FIRST	IVI	MIDDLE	MINEK 5	CERTIFICATE	20 DATE KN	REG. NO.	NTH DAY	YEAR	2b HOUI
1	TYPE OR	PRINT)	Cha	lathial		D.		OF I		2 7 1	983	
3. 5	SEX	4. RAC	E SIIG	S. DATE OF BIRTH			INDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	MON	TH DAY	YEAR	2d HOU
	Mal	e B	lack	2 14		7 YRS.	NTHS DAYS HOURS	MIN PRONOUNCE	ED 2.	_7_ 1	1983	9:3
7 ₀	BIRTH	PLACE (STATE OR		_	VHAT COUNTRY?		RIED NEVER MAI	9. BALTIMO	RE CITY OR CO			1 0 '
	-	dia		U.S.			WED DIVO		timore (0:+		AAI
10	CITY	R TOWN OF DE	ATH	11. NAME OF HO	SPITAL, NURSING H	IOME, OR OT		12a USUAL OCCUPA	TION (TYPE OF WO	ORK 126. KINI	O OF BUS	SINESS
	Da	ltimoro			FACILITY, GIVE STREET ADDI			FOR MOST OF WORKIN		OKI	INDUSTR	CY
در	AL RE	SIDENCE (IF IN NI	JRSING HOME OF	OTHER INSTITUTION,	ROSLYN AVE	OMISSION)	Lead more communities				-	
130	STAT	Md.	136. COUNT	Y	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?			2121	16	
14	FATHE	R'S NAME	1				15 MOTHER'S MAI					
D	100	nknown		MIDDLE	LAST		Unknow)LE	£.A	AST	
160	WAS	DECEASED EVER			16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS			
		O, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-30-8	3342A	ShauKat	y Khan P.O.	Box 70	147		
F	18	CAUSE OF DEA	TH (Enter only	one couse per lin	ne far (o), (b), and (c)						ROXIMATE	INTERVAL
	- 1	cause (a) statio	a the under-	DUETO	DACA CONSCOUR	ICC OF						
NO			NT CONDITIONS C	(c)ONTRIBUTING TO DEAT	1917	E TERMINAL DISE.	ASE OR CONDITION GIVEN IN	PART 1 (a)				
MOITAC		lying couse last	NT CONDITIONS C	(c)ONTRIBUTING TO DEAT		E TERMINAL DISE.		PART () a)		20 AL	ITOPSY?	
BTIELCATION		lying couse last T 2 OTNER SIGNIFICAL DATE OF OPER	NT CONDITIONS C	ONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE	E TERMINAL DISE.	WAS PERFORMED?			YE	ITOPSY?	
OCAL CERTIFICATION	190	Iying couse last T 2 OTNER SIGNIFICAL DATE OF OPER EXTERNAL CAU DERLYING	ATION ATION SE WAS OR CAUSE OF D	ONTRIBUTING TO DEAT 196 COND 216 TIME C HOUR A.	DITION FOR WHICH OF INJURY M. MONTH DAY M.	OPERATION YEAR 9	WAS PERFORMED? HOW INJURY OCCUR	PART 1 (0) RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	YE		K KON
	210 UN CC 218	DATE OF OPER EXTERNAL CAU DERLYING ONTRIBUTING INJURY OCCUR HILE NOT	ATION SE WAS OR CAUSE OF D	ONTRIBUTING TO DEAT 19b. COND 21b. TIME C HOUR A. EATH P. 21e PLACE	N BUT NOT RELATED TO THE DITION FOR WHICH O DE INJURY M. MONTH DAY	OPERATION YEAR 9	WAS PERFORMED?			YE		
I VICEN	UN CCC 21d WI AT	Iying couse last T 2 OTHER SIGNIFICAT DATE OF OPER EXTERNAL CAU DERLYING INTRIBUTING INJURY OCCUR HILE NOT WORK AT V	ATION SE WAS OR CAUSE OF D RED WHILE VORK	ONTRIBUTING TO DEAT 196 COND 216 TIME CHOUR A. EATH P. 21e PLACE STREET, FA	DE INJURY M. MONTH DAY M. 1: OF INJURY (ATHO) CTORY, FARM, ETC.) Somith, M.D.	OPERATION YEAR 9 an Auto Suicide	WAS PERFORMED? HOW INJURY OCCUR OCATION STREET DPSY , Inspect Homicide TITLE (SPECIFY) M.D. Deputy (RED (ENTER NATURE OF INJUR	, and in m ner ,	COUNTY ATE GNED 2-7	-83	STATE



(VRA 15, 4)



B . 41	_	ems #16b FOR STATE	Film G		DEPART	MENT OF H			ITAL HYGIE	NB 3		0 3	3 5	8	1
FILL		REGISTRAR CEASED NAME	FIRST	N	MIDDLE	EXAMINE	R'S CEF		TE OF DE	ATH 20. DATE	REG. I	NO.	TAN DAY	YEAR	2b. HOUR
40.5		E OR PRINT)	Thoma	c	Λ		D:	elas	Too	OF	ESTI- MATED				20. HOUR
	3. SEX	4.	RACE	5 DATE OF BIR		6. AGE (IN YEAR	IF UNDER	R 1 YR. IF	UNDER 24 HR	S. 2c. DATE		MONTH	DAY		24 HOUR 5:20
	Ma	le	Cauc		6 193	1 51 YRS	MONTHS	DAYS	OURS MIN	PRONOUN DEAD	NCED	2	181	, 83	5:20 P M
	Je BI	RTHPLACE (STATE		76. CITIZEN OF			MARRIED	☐ NEVER	MARRIED	9. BALTIM	ORE CITY	OR COU	NTY OF DE	ATH	
7		ltimor	e	US			WIDOWED		OIVORCED 5	Bal	Itimo	re Ci	ty,		MD.
	10. CI	TY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NU	RSING HOME, (OR OTHER I	INSTITUTIO	N 12a. U	DR MOST OF WOR		YPE OF WORK	12b KIND OR II	OF BUS	INESS
2		Baltimor				Street			Ma	achin	ist		Ben	dix	co.
-	13a. S1	L RESIDENCE (#	13b COUN			OR TOWN		. INSIDE CITY L	LIMITS? 13e S	TREET ADDRE	SS		Balt	imor	re,
	Md		-		Bal	timore					liot	t St		2122	24
	14. FA	THER'S NAME		MIDDLE	W70 A	LAST			MAIDEN NA		AIDDLE		LAS		
4)	Thomas	VED 15111.6 4.54	Α.			r.	Ma:			M.	cc		lly	
1	100. VV	AS DECEASED E	(IF YES, GIVE	WAR OR DATES)	215	-SO-OSO	80.				3530		Shan		
ŀ		Yes		55-61	21		439	Mrs	. Rede	ena Ba	aker	-si	ster	-21	
1		18 CAUSE OF D PARTIDEAT	LIMIAC CALICER	ly one cause per DBY:				4		4.			BETWEE	N ONSET A	AND DEATH
		429	MMEDIAT	TE CAUSE (a) AI		SEQUENCE OF	c car	ujova	scular	diseas	se				
2500			if any, which		OK NO WEO!	.02402110201									
			ta immediate	(b)	OR AS A CON	ISEQUENCE OF									
		lying couse	lost.	(0)									81.6		
1	7	PART 2 DIHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TERMIN	AL DISEASE OR	CONDITION GIV	VEN IN PART 1 (a)						
4	CERTIFICATION	19a DATE OF OI	PERATION	TIGN CON	IDITION FOR	WHICH OPERA	ION WAS	PERFORME	D2				20 AU	TOPSY?	
2	FICA			170. COI	·DITIOI VI OK	WITHERT OF ERA	1011 1170	TENT OTONE							No.V77
H	ERT	210 EXTERNAL	CAUSE WAS		OF INJURY		21c. HOW	INJURY OC	CCURRED (ENT	ER NATURE OF IN.	JURY IN ITEM I	18 PART I OR F		s 🔲	NOX
	ALC	UNDERLYING CONTRIBUTING			A.M. MONTH P.M.	DAY YEAR									
	MEDICAL	21d. INJURY OC		21e PLA	CE OF INJURY	(AT HOME.	21f. LOCAT		- by/-1	Serie L			157		
	W		NOT WHILE	STREET,	FACTORY, FARM, E	TC.)	STREE	1		CITY OR TO	WN	C	OUNTY		STATE
	1	220 I certify t	that I took chora	e of the remoins	described abo	ove held on	Autopsy	, In	spection X	, Inquiry		ond in my o	opinion	1.1	
		deoth resulted		ol courses	Accident	, Suici		Hamicide		determined me],			
			1011		1			TITLE (SPEC							
		SIGNATURE /	1/10	nack	4	4	M.dD	eputy	Chiefm	EDICAL EXAM	AINER	DATE		19/8	3
7	17.	EXAMINER'S NA	us Thor	maa 0 (mith	M-20							-,		
		(TYPE OR PRINT)		mas D. S		M.D.		DRESS	III Per		Ва	lto.,	MD.		
	23a. Bi	JRIAL, CREMATIC	N, REMOVAL 2	36 DATE	23c. I	NAME OF CEME	TERY OR C	REMATORY		LOCATION ITY OR TOWN			VINTY	STAT	
	24 51	JNERAL DIRECTO	31	2-21-	1983	Morela	ind N	lom ps	Com	Balti	LMOP	GISTRAP'S	SIGNATUR	Mo	d
		NAME	Moran	Tnc ADD	5000 E	2122	4 timor	0 51	FEB 22	2 1983	The state of the s	au	2. Can	ind	
	00	AHI IL.	noi all	THU.	,000 E	, Dal	THIOL	c p	, 20 -	1001	-	-0		7/	-



Pul 1	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE REG. N	0.	
	PECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	GEOR		IGGS III		02/18/8	
3 5	Male	4. RACE White	5. DATE OF BIRTH Jan. 22. 1922	6. AGE (IN YEARS LAST BIR	MONTHS	DAYS HOURS MIN.
10	BIRTHPLACE (STATE OR FOREIGN			61 9. BALTIMORE CITY O	YRS.	FATH
3/ B	altimore, M	d. U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMOR	_	MD
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ION F WORKING LIFE) INI INSpec	KIND OF BUSINESS OR DUSTRYBalto.
8 US	BALTO CITY UAL RESIDENCE (IF NURSING HOLD STATE)	WE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	RE ADMISSION)			City
PS	Ma. Bo	iltimore Catons	ville YES NO X	103 Wood	lwind Ro	oad -21228.
30	George B	Railey Bigas,		WIDDLE	St	ickell
16a		C C	urity no. 17 INFORMANT Cat -4999Mrs. Marie	onsville,	ESS Md. 2	1228
£ =		er only one cause per line for (a), (b), a		D. Diggs	-10) #0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent	PART I. DEATH WAS CA	USED BY:		ARCT		
opic e	4100	DUE TO, OR AS ACONSEQU	4			
000	Conditions, if any, which	(b) CORD	VARY ARTERIO	BCCEROSS		
er tr	gave rise to immediate cause (a), stating th	DUE TO, OR AS A CONSEOL	JENCE OF			
to to	underlying cause last	(c)				
o 'Au		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVEN IN	PART IIa
8 shows ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
CERTIFIC	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INSL	YES PART 1	NO [
- "	OR CONTRIBUTING TO CAUSE O	FOEATH HOUR A.M. MONTH		SHIED (ENTER MATORE OF MATOR	N. P. HEM. IS TANK!	NY ANT AT
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TO	DWN C	OUNTY STATE
X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) SIREET	CITORIC	,,,,,	31412
E S		nospital) ottended the deceased from		, ta	. 19	, that (I) (we) last
17.0	sow the deceased aliv abave, (1) (we) (did) (di	e on19_ d not) view the body after death.	, and that in (my) (our) opinio	on death accurred on the d		
± e	226 SIGNATURE	15011	DEGREE	MEDICAL STA		22c. DATE SIGNED
7	West of	· Morton,	M.D. ATTENDING PHYSICIAN	DIRECTOR PHYSI		
MPORTANT	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS			
IMPORTA	DERT	F. MORTON				
236	BURIAL, CREMATION, REMO	236. DATE 236.	NAME OF CEMETERY OF CREMATORY -Meadowridge Me	23d LOCATION	COU	NTY STATE
74	Burial FUNERAL DIRECTOR		101 0	ATTERECTORY REGISTRAN	256 REGISTRAR'S	SIGNATURE -
1 4/82	NAME 3	terling Funeralison AveCator	L Estate P. A. F	EBEZZY 198	of him	I Cohielf.
	736 Eamond				IA,	

to Star St. not mail . The standard . male will be the standard of the standard . The standard of the standard . The No. Bolttoon Carthautiton was and and man alexa. December Sailey Store, at Annual to Stickell the tometric tty Wit. 2188000 is the book to be the court of the control of the state of the said The state of the s

FOR

REGISTRAR

- STATE

9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 21202 LAST Corrine Acosta 3414 Hilldale Place APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Balltimore Co, BP. 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Wm.C.March F/H Inc. 1101 E. North Ave. MAR (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

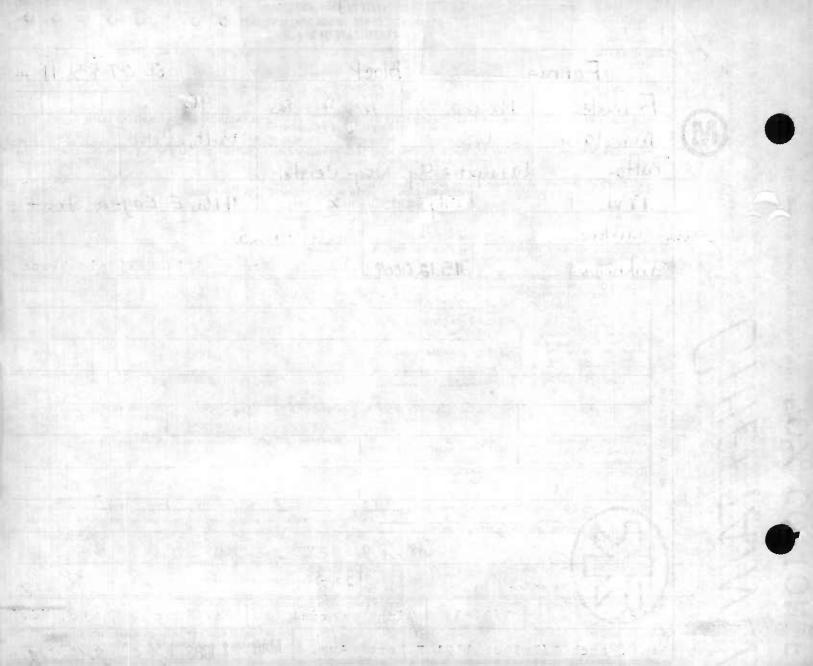
2b. HOUR

HOURS

IF UNDER 24 HRS

IF UNDER 1 YEAR

ONTHS DAYS



definition of director, page 3

moy be

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTII	TORTE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST		MIDOLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
1.00		hn	(1	omi)	Ble	chunol.		2/1	-/83	10.71
3 SE			4 RACE	/	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
	MALE		WHITT	Ε	MONTH 5	/25/1917 YEAR	65	YRS.	ONTHS DATS	HOURS MIN.
. Za. B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN		DX NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
B	ALTO., MD.	200	U.S	S.A.	WIDOWE		BALTIMORE	CITY		MD.
10 C	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NU	JRSING HOME C		120 USUAL OCCUPAT	ION		F BUSINESS OR
В	ALTIMORE				TY HOSPI	TALS	CARPENTER			MFGR.
UaU	AL RESIDENCE (# NURS		OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION)				TOTILL	TE OICE
	ARYLAND	136 COUN	TIMORE	DUNDA		13d. INSIDE CITY LIMITS? YES NO X	6614 MAPLE	י אלאבי	21222	
-	ATHER'S NAME	124 327	L IOI (L)	DOINE	TILL	15. MOTHER'S MAIDEN NAM		AVE.	21222	
1	ROBERT	N	NIDDLE	BLACK		FRANCES	WIOOFE		LAS	
16n \	WAS DECEASED EVER	IN IIS ARA	AED FORCES?		SECURITY NO.	17 INFORMANT	ADDR	500	ECKE	KT.
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)						1	•
	YES		V.11		7.7455	GERALDINE M.	BLACKWOOD	SAM	E AS 1	
	PART I. DEATH W	H (Enter and AS CAUSED	y ane cause per	line for (a), (b	ol, and Ich	M			BETWEEN	MATE INTERVAL ONSET AND DEATH
			CAUSE (o)	and.	Iopala	chary Al	nest			
	TITO		DUE TO, O	R AS A CONS	EOUENCE OF	w V	LA.			
	Conditions, if any,		(b)_	Con	ohary	Artery 1	Athenasel	01.050	0	THE STATE OF
	gave rise to imm couse (a), stating		DUETO	PASACONS	EOUENCE OF					
	underlying cause	lost.	(6)	KAO A CONS	EGOENCE OF					
	PART 2 OTHER SIGN	IFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1:c	
O	Lary		10							4.35
MEDICAL CERTIFICATION	19a. DATE OF OPERAT		19b. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES.	WERE FINDIN	IGS USED
FIG							VES CO NOCO	IN CERTIFY	ING CAUSES	OF DEATH?
ERI	21g. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCURRE	YES NO	YES		NO 🗌
100	OR CONTRIBUTING C		110110 1		DAY YEAR	THE WOOL INGON' OCCORNE	(ENIER NATURE OF INJU	KT IN HEM IS PAR	II I OR PART 2)	
SC	21d INJURY OCCURR		P.		19	AV LOCATION				
ME			(AT HOME STR		FICE FARM ETC 1	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WOR	K							1771	
	22a I certify that (I)		_			- 11 19 83	_, to			that (I) (we) last
	saw the decease above, (I) (we) (d	d olive on_ id) (did nat)		after death.	19, an	d that in (my) (aur) opinian de	eath occurred an the d	ate and haur	and from the	causes stated
	22b. SIGHTATURE	1	111	1	111	DEGREE		-	22c DATE	SYGNED
	Yahu	K.	title	her	> 14N	ATTENDING PHYSICIAN	MEDICAL STA		2/	16/83
	22 PHYSICIAN'S NA	ME (TYPE OR	PRINT)		-/	22e ADDRESS			1	10/00
	Joh.	A	Witt	rean	MA	Can /+ TIM	nore CI	tu 1	4000	sta /
23a	BURIAL, CREMATION, I	PEMOVAL	23b. DATE		234 NAME OF	EMETERY OR CREMATORY	123d LOCATION	7	103/21	
200	(SPECIFY)						CITY OR TOWN		COUNTY	STATE
	CREMATION	.V	2/17/	1703	CKEEN M	OUNT CREMATORY	BALTO.			MD.

FEB 2 2 1983

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

BP.

TO FUNERAL DIRECTOR: After this cert oute has been signed by the ottending should be detached for use as the burials, smoth permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or the IMPORTANT: If Hem 21 is morked or Item 18 shaws any injury, ar other traumatic

etained by the hospital or attending physicia

Cardiepalana was a san a cara The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

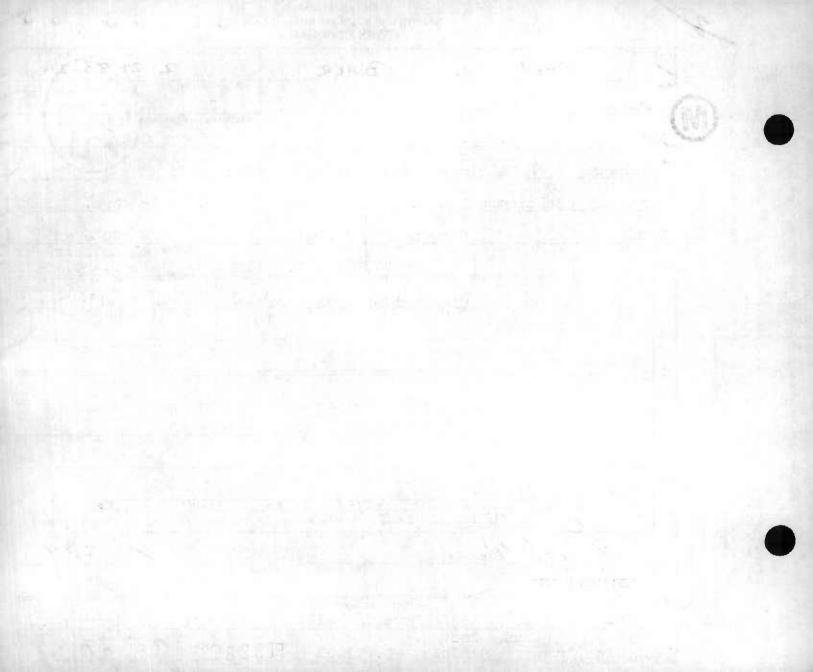
FOR - STATE

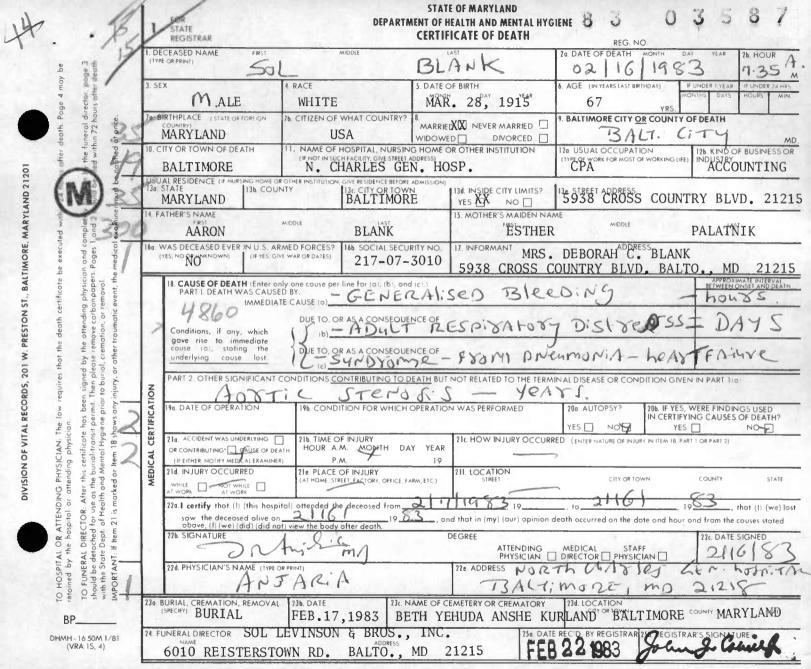
(VR A15 ME (5)) 20M 4/B2

=v - CL_ J' _ J All four nations - parkers had with party of delice. 153 4 400 Bond Steel

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE





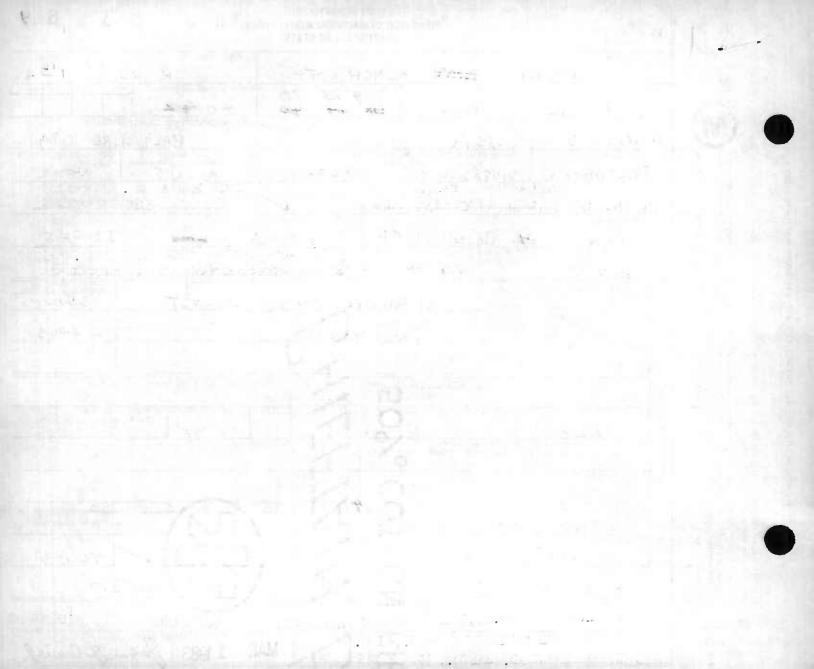
FEB 22 1983 Jangs Carel

K	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE B 3	0 3	3 5	8 8
noy be		OR PRINT)	RENCE	WIDDIE	341	GEN	20. DATE OF DEATH	Z - 10.	0 -	26 HOUR 4-15A M
ge 4 mo	3 SE	FEMALE	4 RACE BLA	١٤.	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN MONT	MDER I YEAR	HOURS MIN
deoth. Pa	70	RTHPLACE (STATE OR FORE SUNTRY)	U	WHAT COUNTRY?	WIDOWE	NEVER MARRIED C	15 61		CITY	MD
by the filed with	57	TY OR TOWN OF DEATH	Cold Car	Hawkstreff?	Spi	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS OR
filled in sould be	13a. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION COUNTY	13 BATTE THIS		13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 1414 N	. Deck	er Av	21213 enue
ond 2 st	14 FA	Joe	MIDDLE	lurray		15 MOTHER'S MAIDEN N	NAME		LAST	
be execu	1	VAS DECEASED EVER IN ES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	247-26-4		Florence	Shannon 1			
rtificate g physicie an poper emoval. event, the		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only one couse per CAUSED BY: MEDIATE CAUSE (o)	CARDIA	و	ARREST				Minutes
equires that the death ce is signed by the attending Then please remove corb to burial, cremation, or in iury, or other fraumatic.		Conditions, if ony, we gave rise to immediately stating	hich (b)_	CON GES	TIVE	HEART	FAILURE		814	LONTHS
quires that isigned by then please in burial, cre	NO	underlying cause	ICANT CONDITIONS C		EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN I	IN PART Trai	
has been to permit.	CERTIFICATION	190 DATE OF OPERATIO		ITION FOR WHICH (200 AUTOPSY?	206 IF YES, WE IN CERTIFYING	G CAUSES C	GS USED OF DEATH?
SICIAN: Top physici of physici certificate certificate ental Hygi ental Hygi frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR A		Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
ortendir fter this os the bu h ond M	MEO	21d INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTENDII spitol or CTOR: A for use of Heoli		220.1 certify that (1) (the saw the deceased above, (1) (we) (did.	olive on FER	9 14 19 8	JAN 3. on	d that in (my) (our) opinion	3 , ta FeR. I	ote and have and	83, the	hot (I) (we) lost ouses stated
PITAL OR A by the ho ERAL DIRE c detoched Stote Dept ANT: If then		22b. SIGNATURE	alove.			DEGREE ATTENDING PHYSICIAN		FF CIAN 📝	276. DATE S	GNED :
HOSI bined buld b		RIAZ -	E (TYPE OR PRINT) A. LONE	M- D.		220 ADDRESS PR	OUIDENT '	HOSPIT AVE R	ALZALTIN	21219 40RE
BP	23a E	Burial Burial	MOVAL 236. DATE 2/14/			EMETERY OR CREMATOR	23d LOCATION CITY OR TOWN Jerse	y City		I.J.
MH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR	ch F/H 1	101 E. N	Vortl	n Ave.	FR 1 6 1983	256 (EGISTRAR	SSIGNATO	Remiel

FEB. 200, 200 gr cang Caring

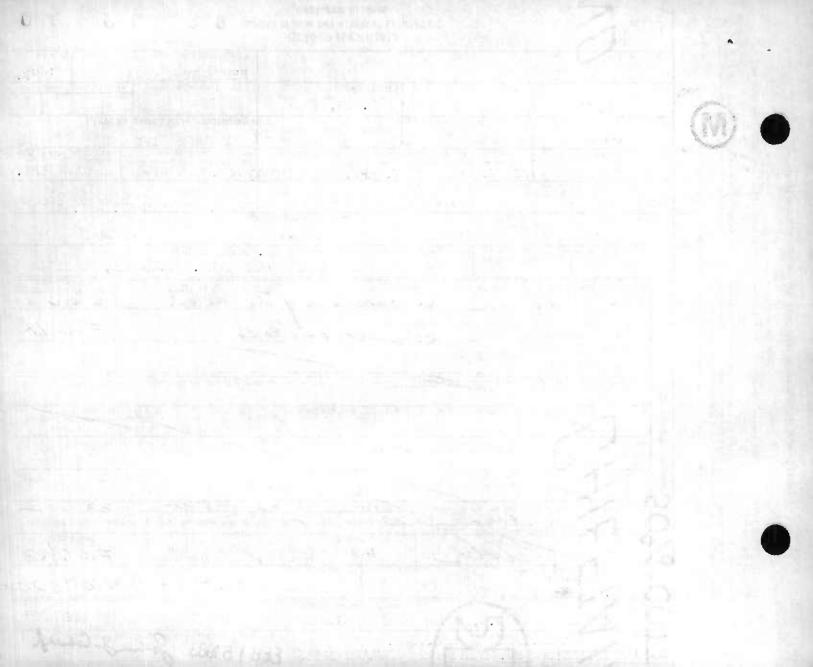
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer a not base 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the functional should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	BP	

N	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MAKTLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		3 5 8				
11	DE	EASED NAME PRIT	WIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR				
		IREN	E NAT F	BLINCHIKOFF		5 83 112 A				
1	1 5E		RACE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H				
		Female	CAUCASIAN	5. DATE OF BIRTH 54 42 YEAR	11 - 41-9	MONTHS DAYS HOURS M				
1	79-81		b. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY	OFDEATH				
21	N	APUL ALD	1 te A	MARRIED NEVER MARRIED	BALTI					
4	0.0	TWOR TOWN OF DEATH	1. NAME OF HOSPITAL NURSING	WIDOWED DIVORCED DIVORCED DIVORCED	120. USUAL OCCUPATION	12b, KIND OF BUSINESS				
38		BALTIMORE	UIVERSITY OF	MARYLAND	(TYPE OF WORK FOR MOST OF WORKING LIF	NON E				
8	13a. S	TATE US TO THE TERMINATION OF A	MORE ITUTION GIVE BAD INTE TEMO	I ISA INSIDECITY HAITS?	2935 MARNAT RD					
5		nakyland bax	DIANAX OXXXXXX			XXXXXXXXXXXXX				
5	4. FA	THER'S NAME FIRST N	IDDLE _ LAST	15. MOTHER'S MAIDEN NA	ME	LAST				
150		BEN	& BLINCHIKO	FF LAUR		JOFFE				
dico		AS DECEASED EVER IN U.S. ARA		RITY NO. 17. INFOBERRIT BLING	CHIKOFF 2935 MAR	NAT RD. #212				
E 1	. '	No	215-74	-5667 KODENERVERY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX				
the state of		18 CAUSE OF DEATH Enter only	one cause per line far (a), (b), and			APPROXIMATE INTERVAL				
veni		PART I. DE ATH WAS CAUSED BY: (ARDIO PULMONARY ARREST (ARDIO PULMONARY ARREST								
TIC		4800								
or o		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	JEUMONIA		2 days				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE							
		underlying cause last.	DUE TO, OR AS A CONSEQUE	NONE						
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110				
ular	ON			110NE						
À O	AT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED				
SM A	TIFIC	NONS.	N	ONE		YING CAUSES OF DEATH?				
oks a	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART T OR PART 2)				
		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR						
5/	MEDICAL	21d. INJURY OCCURRED	21a. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STAT				
Ked	Ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC) STREET	CITORIOWN	COUNTY STAT				
É		220.1 certify that (1) (this haspite	al) attended the deceased from	2/2 1/53 10 83	10 2/25	19_83_, that (I) (we				
8		saw the deceased alive on abave (1) well (did) (did not		, and that in (my) (aur) apinion	death accurred on the date and hou					
E		22h SIGNATURE	view the body after death.	DEGREE		224. DATE SIGNED				
=		M 26.00	2 Poles Proses	MAD ATTENDING	MEDICAL STAFF	1 2/2-102				
2 -		22d. PHYSICIÂN'S NAME ITYPION	PRINTI	PHYSICIAN [DIRECTOR PHYSICIAN	172343				
2		AA -11-AC)	J. BUCHANAN		ity on more	1110				
IMPORTANT		MICHAIST				HILL				
	23a. E	SPECIFY BURIAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY MARY L				
-				EBREW FRIENDSHIP	BALTIMORE					
/82			LEVINSON & BROS.		D 4	RAR'S SIGNATURE				
	60	10 EISTERSTOWN	RD BALTO MD	21215	AK 11983 Joe	my bancy				



6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

(VRA 15, 4)

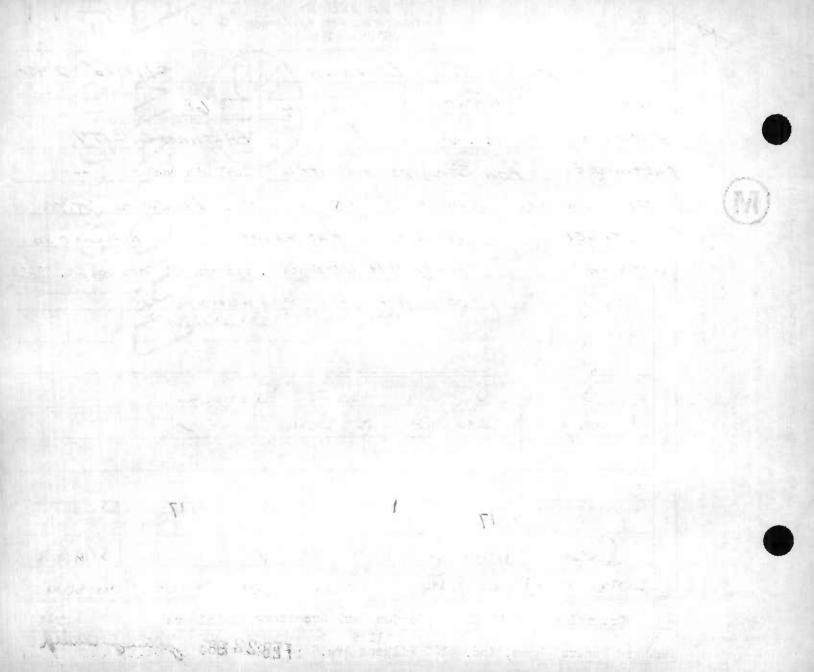


Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR FANNIE 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DATE OF BIRTH DAYS EMALE MAITE 96 5 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY RUSSIA USA WIDOWED DIVORCED 12h, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION MAT OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOSPITAL XXXXXXXXXXXX AT HOME USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) SUSTINGUE ROSECRESTI AND 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE YES XXX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME DORA UNKNOWN MAYER **AARON** LAND MR. STANLEYDRDS BOND 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT NO OR UNKNOWN) 50 21208 051 5 SWANHILL DR. BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIO RESPIRATORY MINUTE DUE TO, OR AS A CONSEQUENCE OF ULMONARY INFECTION Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19

P.M. 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

STAFF

ROSEDALE

COUNTY

STATE

22a. I certify that (1) (this haspital) attended the deceased from

21d. INJURY OCCURRED

230. BURIAL CREMATION, REMOVAL

sow the deceased olive an_ abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

PHYSICIAN 22e. ADDRESS

21f. LOCATION

ATTENDING MEDICAL 22c. DATE SIGNED

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

BURIAL

FEB. 3,1983

BETH HAMEDROSH HAGODO

ANAGES

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY BALTO MD

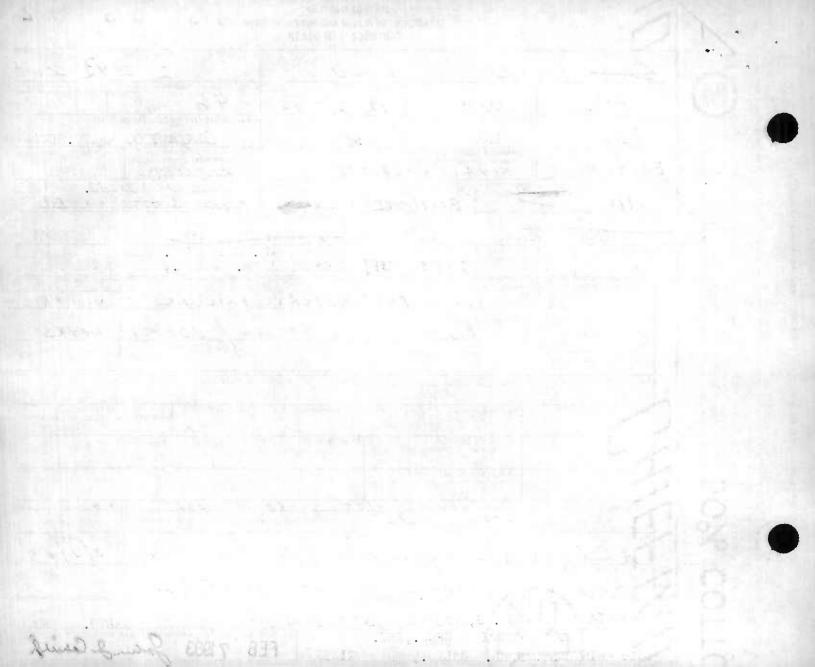
SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD. BALTO., MD

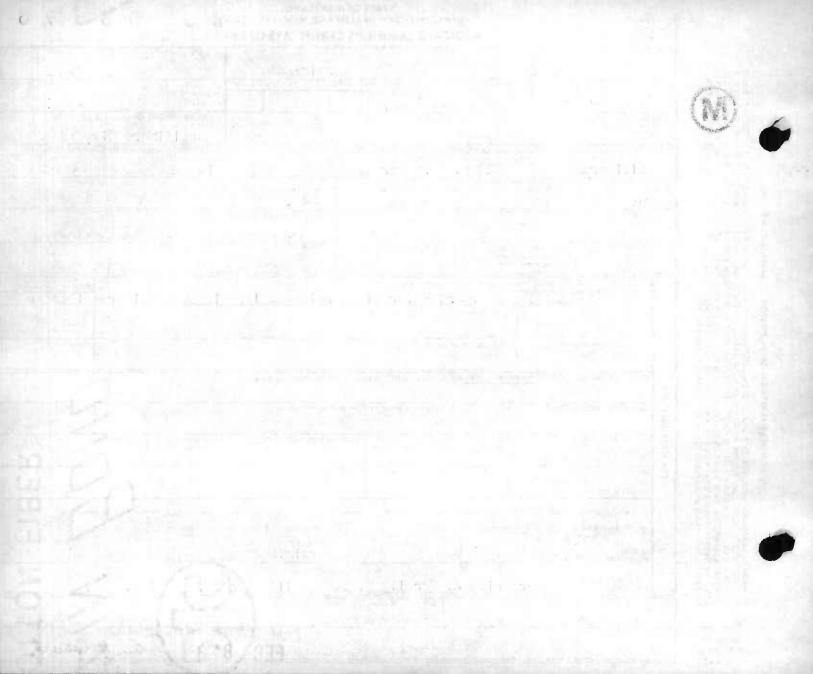
23b. DATE

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DEGREE



20M 4/B2

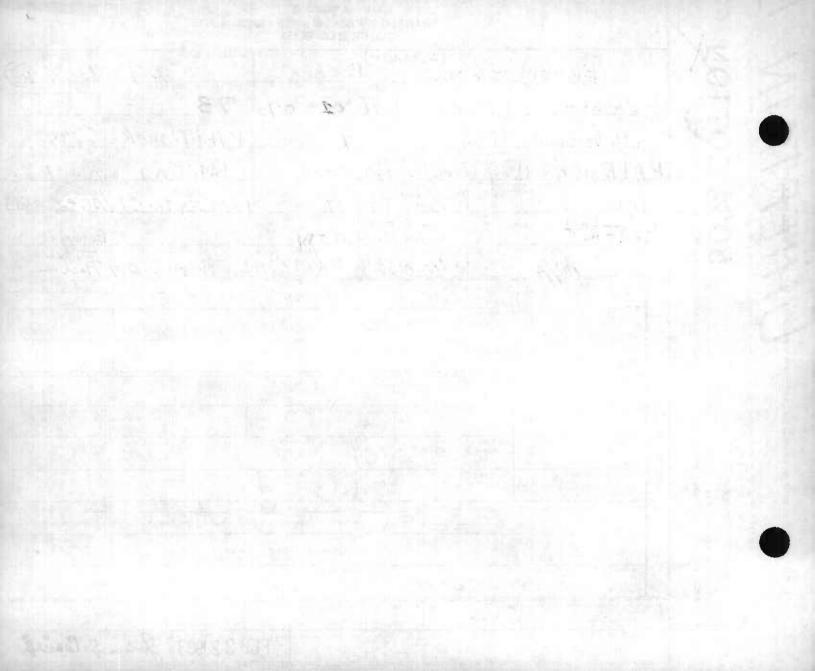


the		FOR STATE		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT		ENE 8 3 0	3	9 4
	Ĺ	REGISTRAR CEASED NAME FIRST		WIDDLE	CERTIFICATE OF DEAT	TH T	REG. NO.	DAY YEAR	2b. HOUR
deoth deoth		OR PRINT)				- 7			1000
and white	3. SE	MITC:	4. RACE	E	BONNETT 15. DATE OF BIRTH		FEBRUARY 18 6. AGE IN YEARS LAST BIRTHDAY)	1983	15 UNDER 24 HRS
1					MONTH DAY	YEAR		MONTHS DAYS	HOURS MIN.
(IVI)	7n. Bi	RTHPLACE (STATE OR FOREIGN		LITE OF WHAT COUNTRY	10 13 191		70 YRS.] 9. BALTIMORE CITY OR COUNTY	OFDEATH	
		COUNTRY)			MARRIED NEVER MARR	RIED -			
	10. C	Maryland ITY OR TOWN OF DEATH	US		WIDOWED DIVORC		BALTIMORE CT		MD. OF BUSINESS OR
P 33		1	(IF NOT IN	SUCH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY	
= =	B USO	ALTIMORE	THE .	TOHNS HO	PKINS HOSPIT	AL	Retired	0.5.	Govit
1 TO		AL RESIDENCE (IF NURSING HOME OF					13e. STREET ADDRESS	1.15	07.070
-		aryland Hari	ord	Havre d	e GraceYES NO	A IDENI NIAM	101 McSpadden D	rive	21078
120	1	FIRST	MIDDLE	LAST	FIRST		WIDDLE	LA	ST
1346	_	illiam		Bonnett	Lillia	an	ADDRESS	tchell	
Poges Medico		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES					race. 1	Marvl and
0	Y	es WW-	11	219-03-	0853 Isabel II.	Bonne	Havre de G	n Drive	21078
emaval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ly one couse p	per line for (0)(b), a	nd (c).1	- 1		BETWEEN	ONSET AND DEATH
ever			E CAUSE (0)	hes	piratory 1	tail	ure		
offic		1621	DUE TO	OR AS A CONSEQU	JENCE OF				
roum		Conditions, if ony, which	(b)		DRASIS	3			
ner fr		gove rise to immediate couse (a), stating the	DUE TO.	OR AS A CONSEQU	JENCE OF	0			
ol, cr		underlying couse lost.	(c).		Lung	CA	INCEC		
buri	-	PART 2. OTHER SIGNIFICANT	ONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CONDITION GIV	EN IN PART I	10
ior to buny injury.	ğ		Ste	ernal	Osteomyo	1117	S		- 6.67
0 0	CERTIFICATION	190. DATE OF OPERATION	196 CON	NDITION FOR WHIC	HOPERATION WAS PERFORMED	ED	200 AUTOPSY? 20b. IF YES	YING CAUSES	NGS USED S OF DEATH?
shows	E						YES NO YE	s 🗆	ИО 🗆
T 80		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110000	OF INJURY	216 HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OF PART 2)	四月,
E E	3	(IF EITHER NOTIFY MEDICAL EXAMINE	AIN -	P.M.	19				
- 0	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	21f. LOCATION		CITY OR TOWN	COUNTY	STATE
morked	>	AT WORK NOT WHILE	1 AT NOME.	STATE I, FACTORI, OFFICE	rann erej				
OE S		220.1 certify that (1) (this hasp	tal) attended	the defeased from	2/16/.19	9 83	, to 2/18/	19 85	that (I) (we) last
21 is		sow the deceased glive on above, (M (we) (did)) did no	2-//	19_	83, and that In (my) (our)	r) opinion de	eath occurred on the date and hou	r and from the	couses stated
ept.		226. SIGNATURE	1/	1	DEGREE			22c. DATE	SIGNED
2 <u>-</u>		Vame	2/6	allen	MD ATTEN	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/1	8/83
NA		224 PHYSICIAN'S NAME (TYPE	R PRINT)	-	220. ADDRESS	olcial -	SINCE ON THIS COLUMN		
with the State E		JA	MES	KAH	N JOH	1115	HOPKINS H	tos PI	TAL
3 3	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢.	NAME OF CEMETERY OR CREM	MATORY	23d. LOCATION	COUNTY	STATE
5		Burial	02/2	2/1983 G	rove Presbyteri		Aberdeen Harf		aryland
A 4/B2		JNERAL DIRECTOR				25g DATE	REC'D. BY REGISTRAR 256. REGIST	RARE SIGNA	TURE
4)	Ta	rring Funeral H	lome, P.	A., Aberde	en, Md. 21001-339	99 50	- 1000 A	-0-	

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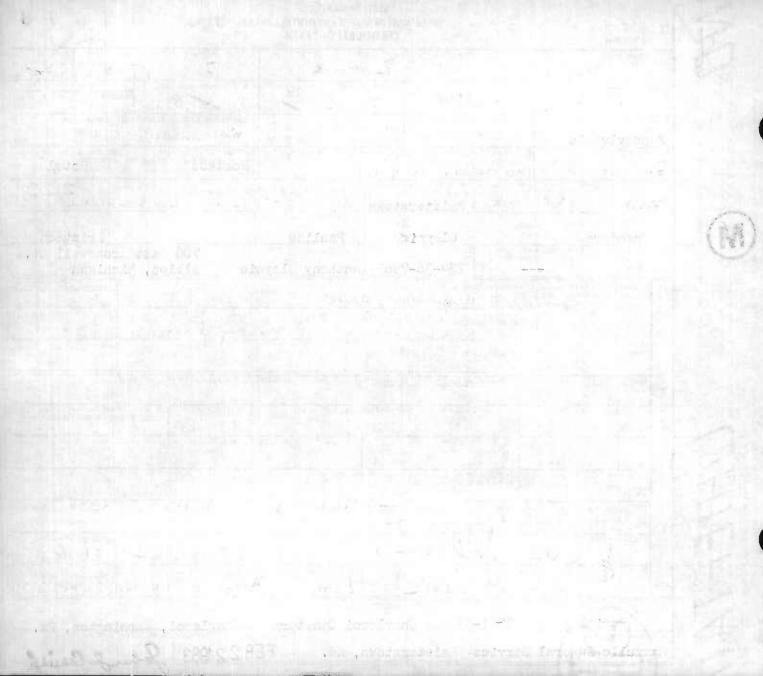
version and real entrees of the contract

1	V	STATE OF MARYLAND
. 1	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE
V	_	REGISTRAR CERTIFICATE OF DEATH REG. NO.
A	I DE	CEASED NAME. FIRST MIDDLE ELEANOT LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
,		= (Elenor) Elvora BOOKER 2 17 83 8 6
-	3.58	4 RACE S. DATE OF BIRTH 6. AGE (IN YEAR LAST BIRTHDAY) IF UNDER YEAR IF UNDER 2 M. MONTHS DAYS HOURS M.
330	上	-2 MAIR BACK 4 02 09 13 YRS.
g.	7a. BI	INTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
71	Sc	34th Garolina U.S IWIDOWED DIVORCED 13H 1 iMORe (6/TY
The state of		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
0	K	Allimoke Key Gircle HOSOI'CE Patient hursing Hos
P	13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
357	/	MD. BALTO. YES NO 1751 E. North AND 210
TE CO	14 FA	ATHER'S NAME AST MIDDLE FIRST MIDDLE LAST
300		redtair Charlie Betty BOWMAN
medico		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
E		145, NO OR UNKNOWN) NIFE YES, GIVE WAR OR DATES) 240-016290 Key Gircle Hospice-1214 Fince-
÷,		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)
even		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIO PULMONARY ARREST.
otic		4140 DUE TO, OR AS A CONSEQUENCE OF
troum		Conditions, it ony, which (b) ARTERIOSCLEROTIC HEART DISCHEL
E _		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
or oth		underlying couse lost (c)
njury, o	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
	CERTIFICATION	Ne
lene prio	ICA	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
\$ /	Ē	YES NO YES NO
00		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH
r Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
0	WED	21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET CITY OF TOWN COUNTY STATE
morked		AT WORK AT WORK
is a		22a.l certify that (I) (this hospital) attended the deceased from 2-17-, 19-82, to 2-17-, 19-83, that (I) (we) l
n 21		sow the deceased alive on 19 - 19 - ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) Idid) (did not) view the body after death.
#em		27b. SIGNATURE DEGREE 27c. DATE SIGNED
IMPORTANT: #	200	Sugar & public MD ATTENDING MEDICAL STAFF 2 49-43
2 /		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS
		SURJIT S JULIA KEY CARCLE N. HOME
<	23a. B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
		Burial 2/21/83 Arbutus Mem. Pk Arbutus Md
1/B1	24. FL	UNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D BY REGISTRAR 251 ADDRESS LD DO
4)	1	Wm C March F/H 1101 E. North Ave. FEB Z 2 1903 Charles



1 4	1-	2. G577 3/3/83 dad STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0	3	5 9	7
T T T	DEC	EASED NAME 1951 MIDDLE LAST 20. DATE KN	ESII:		DAY YEAR 10 83	26 HOUR
ON STREET	SEX	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) S. DATE OF BIRTH MONTHS DAYS HOURS MIN. PRONOUNC DEAD	CED 2		10 ₁₉ 83	7:35 P M
S FOR WITH	7	MARRIED NEVER MARRIED	more Ci	ty,	b. KIND OF B	MD.
N PAGE		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2530 Lauretta Ave. L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	NG LIFE)	VORK 12	OR INDUS	TRY
13 S	3a. S1	TATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE (ITY LIMITS? 136 STREET ADDRESS YES NO 2536 A	aure	Hc	210	123
300	6a. W	AS DECEASED EVER IN U.S. ARMED FORCES? 166-50CIAL SECURITY NO. 17. INFORMANTO	ADDRESS	30	onl_	,
WITH FOR		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	1530	Ka	APPROXIMA BETWEEN ONS	TA CIL
EXAMINE ALONG BRAL - TRANSIT PERMI ID MENTAL HYGIENE, ION, OR REMOVAL.		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotick Cardiovascular Disea Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	ise		BE WELLOOKS	
HEALTH AND M	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 3. Acute ethanolism				
3-	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?			20 AUTOPSY YES	Y?
	CAL	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) 110. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY OCCURRED (ENTER NATURE OF INJURY OCCURRED (ENTER	LY IN ITEM 18 PART 1	OR PART	2)	
21201 PR	WED	216 PLACE OF INJURY (ATHOME. 211 LOCATION STREET FACTORY, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	4	COUN	TY /	STATE
		22a Certify that Ltook charge of the remains described above, held on Autopsy , Inspection XX. Inquiry death resulted from Natural couses	iner	My opin	2-11-8	33
AFTER DEATH, WITH THE BALLIMORE, MARYLAND	7, 01	EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Stre				
	75	JELAL CREMATION, REMOVAL 236. DATE 2 8 3 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN JUNETAL DIRECTOR 2 1250. DATE REC'D, BY REGISTRAR	CROWR			D.
7 (5))	3	The 14 - Partl 3 19 7 . Sch 79 FEB 1 7 1983	John	2	Comice	R

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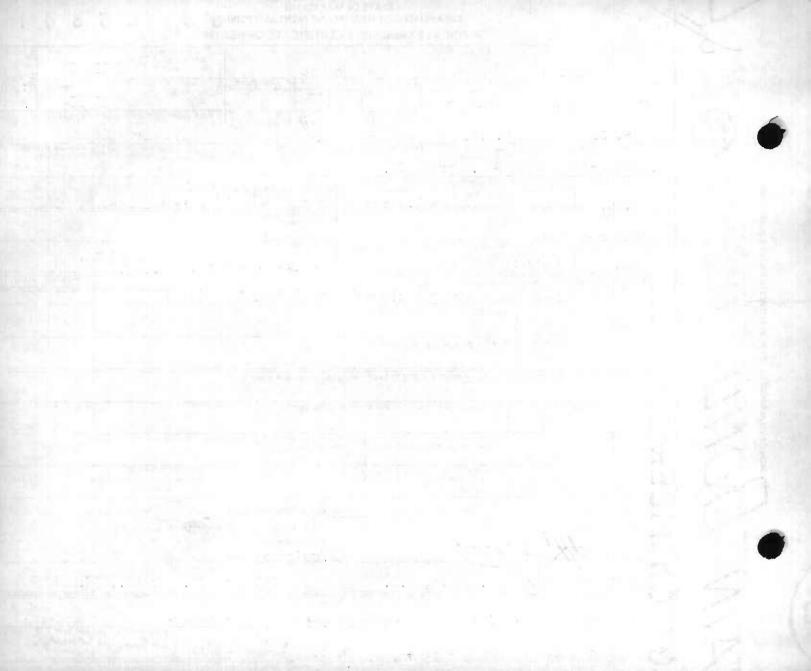
9	1.	STATE REGISTRAR	DE		ICATE OF DEATH	REG. NO				
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR			
may be r, page 3 ter death	e m 4		C	BOR	INER	2-07-83	1:30 M			
may, pa	3. SE	ANNA ×	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS '			
4 0 0		Female	White	10	8 1887	95	YRS.			
Page . Page	7.0. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH			
\$ 1 Km 1/5		ennsylvania	USA	WIDOWI		Baltimor	e City 21206 MD			
s ofter de	10. C	altimore	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN Belair Co:	E STREET ADDRESS)	rium 21206	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE) INDUSTRY			
orthin 24 haur	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	INTY 13c. CITY C	ce before admission) or town timore	136. INSIDE CITY LIMITS? YES NO [lew Rd. 21210			
ampletely and 2 sh	14. F.	ATHER'S NAME FIRST Ernest	Bosen	berg	15. MOTHER'S MAIDEN NA FIRST Hanna	MIDDLE	LAST			
e execut n and ca Pages 1		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	AL SECURITY NO.	17 INFORMANT	ADDRES				
		No	217-0	1-9729D	Helen Pittin	nger 4513 W				
physician papers. naval.		18 CAUSE OF DEATH (Enter o		(b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
g physici anpaper emaval.		PART I. DEATH WAS CAUS	ATE CAUSE (D)	-H1-						
	1	4860	DUE TO, OR AS A CO	NSEQUENCE OF						
into the death ce of by the attendinaless remove carbinal, cremation, ar in		Canditions, if any, which	((b) Y	neum	mai					
the atter remave emation, er traum		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
that d by ease ol, cr or oth		underlying cause last.	((c)							
quires signe Then p ta bur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	OF TO DEATH BUT	NOT RELATED TO THE TERM	Dement	OITION GIVEN IN PART 110			
The law relicion. In the has been as the prior permit. Shaws on yield the prior of the prior p	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
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o s p is id ≠	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE			
ENDING Plan of terminate of the state of the		22a.1 certify that (I) (this has	pital) attended the deceased	from 4/2	/80	2-7-8	, 19, that (1) we) lost			
TEN TOR: or us of He		sow the deceased alive o abave, (i) (we) (did (did n	not view the bady after death			death accurred on the do	te and hour and from the causes stated			
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TO HOSPITAL OR AT restricted by the hosp TO FUNERAL DIRECT should be electrohed with the Store Dept. of IMPORTANT: If them 2		22d PHYSICIAN'S NAME (TYPE	ORPRINT) DIFBOND	MO	9618 Be	Law Rel	Baltimne Md			
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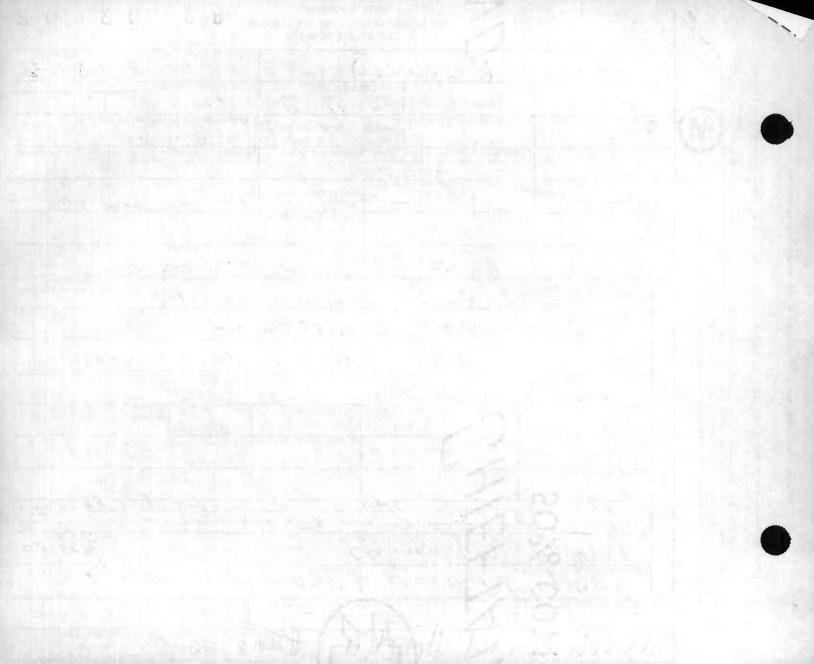
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG NO DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 2/23/83 Benson Bosket AGE (IN YEARS DAY 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 4 499 DATE LAST BIRTHDAY) PRONOLINCED 2/23/83. DEAD Male Black 8-16-1917 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) S. C. U.S.A. WIDOWEDXX Baltimore City DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Spring Ct. USUAL RESIDENCE (IF IN NUMBERS FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HUL COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5833 Colorado Ave. NO [] Washington 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Luther Bosket Josephine LOtt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 424 Sand Creek Rd. Yes World 11 577-07-4963 Dolores MinorAlbany, N. Y. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SALTIMORE, MARYLAND, 220. I certify that I took charge of the remains described above, held an Natural causes X death resulted from: Undetermined manner TITLE (SPECIFY) DATE 3/24/83 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 236. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 2/26/83 Burial Lincoln Memorial Suitland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAF HMH - 17 A15 ME (5)) Sam Butler Inc. C/O 716 Kennedy M

20M 4/B2





= 4	Ι,	REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG.	NO.				
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572 hours		IRTHPLACE (STATE OR COUNTRY)	FOREIGN	75. CITIZEN OF		TRY? 8. MARRIE WIDOWI	D NEVERMA	RRIED T	9. BALTIMORE CITY BALTIM			MD.		
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Poges		vas deceased ever yes, no grunknown) NO		MED FORCES?		8-1675	Valorie		obertson	9063 F	210 urrow			
in signed by the other. Then please remove a rato burial, cremation, injury, or other traum	NOI	cause (a), stating underlying cause PART 2. OTHER SIGN	erlying cause last. (c)			UE TO, OR AS A CONSEQUENCE OF (c)TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER			INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	ła:		
ite has been not permit.	CERTIFICATION	190. DATE OF OPERA	TION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSE S 🗍	INGS USED S OF DEATH?		
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toined by the has O FUNERAL DIREC hould be detached with the State Dept.		224. SIGNATURE	A/C	den	70		PHY	ENDING YSICIAN		AFF SICIAN D	226. DAT	ESIGNED 83		
TO FUNERAL DIRECTOR should be detached for with the State Dept. of Humonature in the Mayortant; if them 21 i		PH PH SICIAN'S N	ber-	t Re	dner	MO	220 ADDRESS	chas	Hopki.	~ H	ospita	1		
)		BURIAL CREMATION, (SPECIFY) Buria		23b. DATE 2/10/	/83	Crest L	emetery or cre awn Cemet	tery			e Howa	rd Mar.		
MH - 16 50M 4/B2 (VRA 15, 4)		uneral director ibbard Fune	eral F	Home, Ir	nc. 410		1229 ns Ave.	250. PE	Bec. 0 d. 1883.	RISE	AR'S HON	MORELLA		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 6 0 4			
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age 4 mc	3. SE	FEMALE	4. RACE WHITE	MAY 25 DAY 1916	66 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BINGS PHYSICIAN The loss requires that the depth certificate her executed within 24 hours contenting physician. The this certificate has been signed by the differentiate divisition and continuing filling in by as the balticular physician belong to the contention of the balticular physician physician belong to the contention of the physician physician belong the filling and Memilian physician physician contention of the filling and Memilian physician physician contention of the physician physician physician contention of the physician phy	13a. S	MARYLAND 136 GOU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW	R 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 300. SUNFLOWE	21014 R DRIVE			
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ST., BAL		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), an ED BY:	ors Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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ATTENDIN spital or CTOR. A for vite. of Health			of view the Body after Heath.	33, and that in (my) (our) opinion	death occurred on the date and hour	ond from the couses stated			
At OR A Office And Off	18	22b. SIGNATURE	Heles	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 2-20-83			
TO-HOSPITA etained by TO FUNER, should be do with the Sto		22d. PHYSICIAN'S NAME ITYPE	or printilleinstein	220. ADDRESS	s Hopkins Ho	is postal			
BP Or of why Man	23a. B	BURIAL BURIAL	Feb. 23, 1983 BA	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OF TOWN Paltimore	COUNTY Md.			
DHMH - 16 50M 4/82	24. FU	JNERAL DIRECTOR		21009 25a. DAT	E REC'D. BY REGISTRARIAN. REGISTR	AR'S SIGNATURE			
(VRA 15, 4)	HOM	VARD K. MCCON	MAS III P.A. A	BINGDON, MD FEB	43 1983 John	* whelf			

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	tems #18a-22a Fi FOR UNK.#83-4 STATE REGISTRAR		FOF HEALTH AND MENTA MINER'S CERTIFICATE	0 0	REG. NO.	000
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3. Si			E (IN YEARS IF UNDER 1 YR. IF UNI	DER 24 HRS. 2c. DATE PRONOUNCE DEAD	MONTH ED 2	4 1983 P.A
660	ALTO, Md.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	ARRIED 🔼	imore City	Y OF DEATH
2 10	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCHFACILITY, GIVE STREET ADI 615 Gold Stree	et (rear)	120. USUAL OCCUPA FOR MOST OF WORKIN UNEMPI	G LIFE)	26. KIND OF BUSINESS OR INDUSTRY
13a.	Md. 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE A ITY 136. CITY OR TO BAL	TO 13d. INSIDE CITY LIMIT YES NO	0 1639 W.	Latayette	Ave. 21217
0	ATHER'S NAME	Bowe		na MIDD	Daran	12 yest
160	WAS DECEASED EVER IN U.S. AR YES, NO. OF UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 166. SOCIAL SE 217 -74	CURITY NO. 17. INFORMANT 9568 Mrs. Edn	a Moore. 1	639 W. L	adayette_
NO	Conditions, if ony, which gave rise to immediate cause (o) stoting the <u>under lying couse last</u> .	(b)	ence of	N PART 1 (o).		
×	19a, DATE OF OPERATION					
TIFICAT	198. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?			20 AUTOPSY? YES ☒ NO ☐
DICAL CERTIFICATION	710. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR 19	RRED LENTER NATURE OF HUJUR	Y IN ITEM 18 PART 1 OR PART	YES 💢 NO 🗌
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Service Marketon bear 160 / No. Leden Miles Substitute Manager State California and California

	1.	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIEN		EG. NO.	0 3	o Û	6
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		HILD.		н.		OWLES				1/170	11	PM
E	1. 5E:		4 RACE		S. DATE (AGE (IN YEARS	LAST BIRTHDAY)	MONTHS BAT		R 24 HRS
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10		BALT IMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET ACNES	HOSPT	TAL		PE OF WORK FOR TEACH	MOST OF WORKIN	G LIFE) INDUSTR	OF BUSIN	ESS OR
	USU/ 13a S	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)	\$ 13d. INSIDE CITY LIMITS	rc 2 112.	STREET ADD	DECC			
3.5		MARYLAND		BALTIMO		YES X NO				OOD STRE	ET. 2	1223
	14 FA	ATHER'S NAME	MIDDLE		57110	15 MOTHER'S MAIDEN	NNAME		GI I I			
10		AUGUST	WIDDLE	KNUST		MARIE	E	MI	DDIE	В	EYER	
		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17. INFORMANTELL	LICOT	T CITY	ADDRESS]		043	
	()	YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	212-07-	-5824	CARROLL F			•	FREDERI	CK RC	OAD
4		18 CAUSE OF DEATH (Enter	only one couse per				-				XIMATE INTE	
		PART I. DEATH WAS CAUS	ED BY:	CONGE		E HEART	ta	ILVILE		BETWEE	Y ONSEL AND	DEATH
	4.7	4797	ATE CAUSE (o)			1,10,10=,					-3	
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		gove rise to immediate couse (a), stating the					10 01	13 0 001	(10 113	9.54		
		underlying couse lost.	DUE TO, OF	R AS A CONSEQU	ENCE OF					12		
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2	IFICATI	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		200 AUTOPSY	20b. IF	YES, WERE FIND	INGS USE	D
7	FF							res 🗇 No	IN CE	RTIFYING CAUSE	S OF DEAT	TH?
-	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OI			21c HOW INJURY OC		- Land				
1		OR CONTRIBUTING CAUSE OF D		M. MONTH D								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.A 21e. PLACE C		19	211 LOCATION						
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, E	FARM, ETC)	STREET		CIT	Y OR TOWN	COUNTY	4	STATE
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		sow the decayed alive a above, (1) (we) (did) (did r			0-7	nd that in (my) Out apur		10			e couses st	
		22b. SIGNATURE	or view the body t	Jilei dedili.		DEGREE				22c DAT	E FIGNED	
		Handres	VF.	/w/a		M ATTENDIN		EDICAL RECTOR P	STAFF HYSICIAN	1 2	11/0	57
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	- 1	SPECIFY) BURIAL	02-05			ON PARK		BALT IM	WN	TY COUNTY MA	RYLAN	ID
	24 FL	INERAL DIRECTOR	02-0.	00			. DATE RE				URE .	
	н	UBBARD FUNERAL	HOME. IN	NC. 4107			EB	4 1983	10	and l	shiel	K

DHMH - 16 50M 1/B1 (VRA 15, 4)

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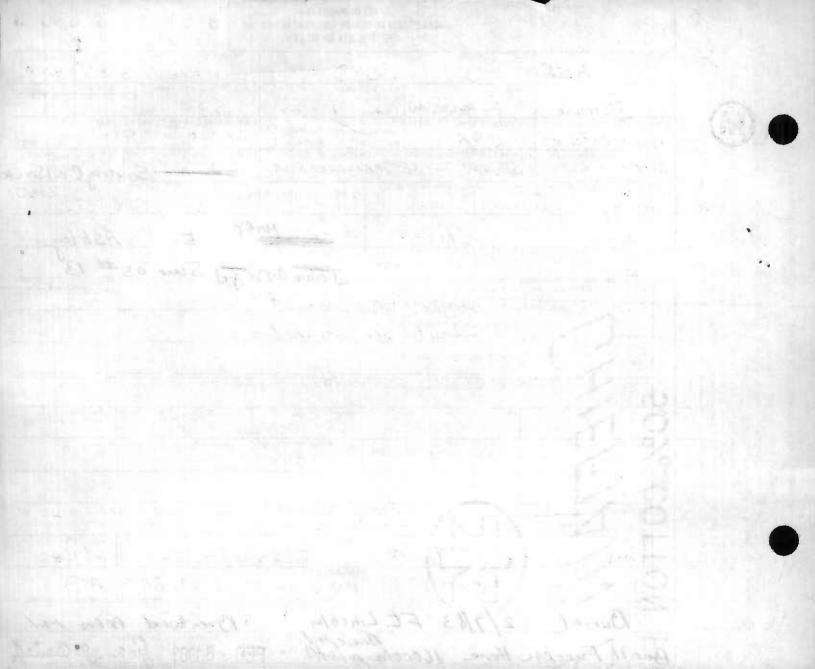
should be detached for use as the burial-transit permit. Then please remove carbon-popert if with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any

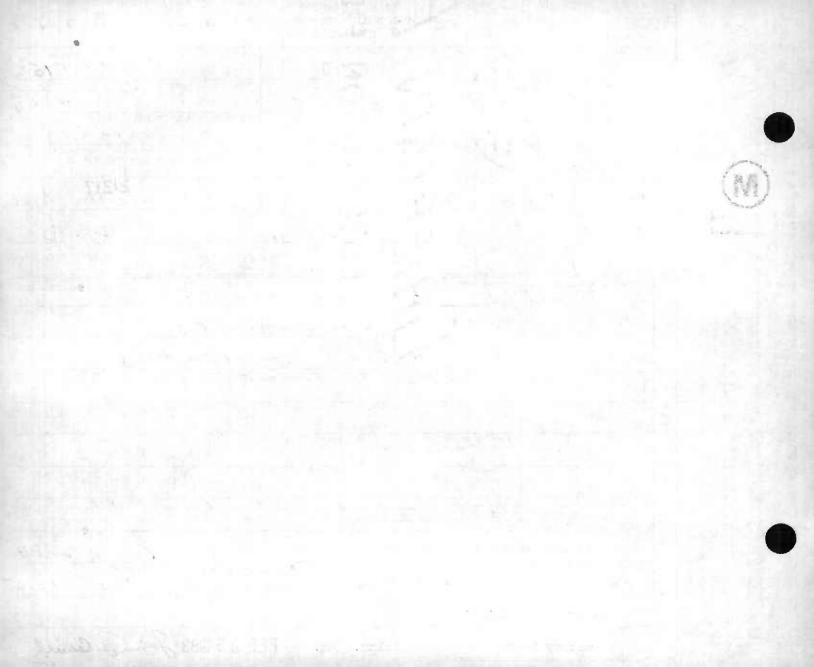
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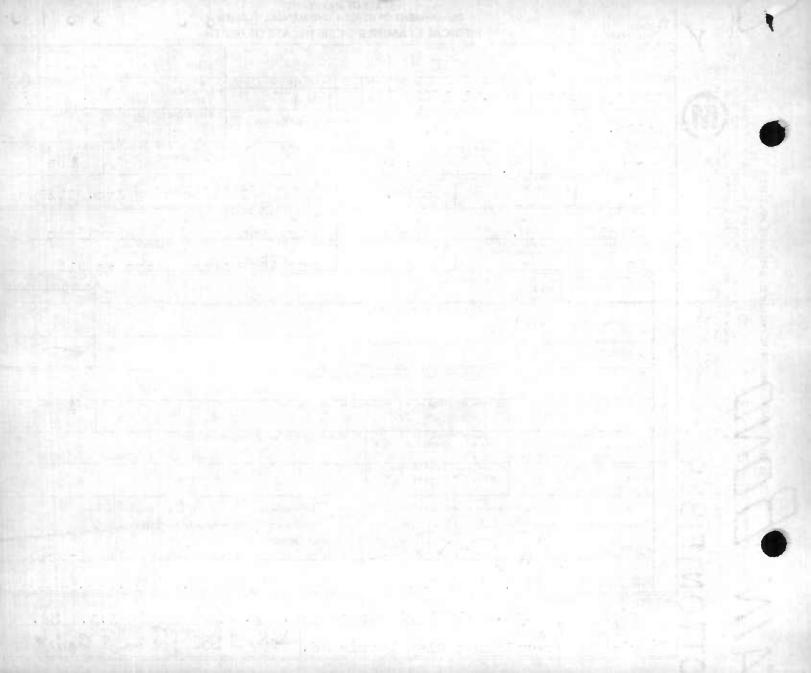
16	h.	FOR STATE REGISTRAR	DI	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	. HYGIENE	REG. NO.	0 3	6 0 8
· meto		CEASED NAME FIRST	MIDDLE	20	AST C	20. DATE OF	DEATH MONTH		26. HOUR 428 P
may b	3. SE		4. RACE	5. DATE C			EARS LAST BIRTHDAY)	3 83	M
VINA .	70 R	RTHPLACE LISTATE OR FOREIGN	7b. CITIZEN OF WHAT COU	SIAN Z	1 25	5 5		RS. JNTY OF DEATH	i min.
1000	70. 0	DRTH CAROLINA	USA	MARRIE	NEVER MARRIED	BAU	TIMPER	QTY) MD.
by the furtiled with	6	OCTIMED CITY	UNIVERS / TZ	OF MA	ROTHER INSTITUTION	120 USUAL C	CCUPATION FOR MOST OF WORK	Scretery	Civil Servi
LAND 212	13b. S	M D CAL			136. INSIDE CITY LIMIT	RT	2-4,	Box 14-	7 2065
ampletely on 2 2 s		OHOC	OAK	LEY	15. MOTHER'S MAIDE	MARY	MIDDLE .	Ash	ley
be exect on and c		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) 11F YES, GIVE		-36-5575	17. INFORMANT	2.1564	Spice	as att	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician and campletely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shows any injury, or ather troumotic event, the medical exaggined must be in a correct or the medical exaggined must be in a correct or the medical exaggined.	NO	PART I. DEATH WAS CAUSED 2030 IMMEDIATE Conditions, if ony, which gove rise to immediate cause ial, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A COI	Ut-ple NSEOUENCE OF	mye NOT RELATED TO THE	Loma	e or condition	N GIVEN IN PART 10	100
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DIVISION DING PHYS or affect this east he bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDING ospital or att		220.1 certify that (1) (this haspit sow the deceased alive on above, (1) we) (did) (did not 22b. SIGNATURE	Feb 3	19 <u>53</u> , or	d that in (my) (our) op	, 10	d an the date an	d haur and from the	that (I) (we) last causes stated
by the his ERAL DIRICHERAL DIRICH		22d. PHYSICIAN'S NAME ITYPE OR	Hound +	mmD	ATTENDIN PHYSICIA 220. ADDRESS	NG MEDICAL AN DIRECTOR	STAFF PHYSICIAN	A .	3(8-3
TO HOSPITAL TO FUNERAL should be det with the Store	N.	J. MICHARL	HAMICTE.		UNIV. DI		/	ACT, M	9
BP		SPECIFY) DUTTE	236. DATE /7/83		ih CO/4	13	rea took		
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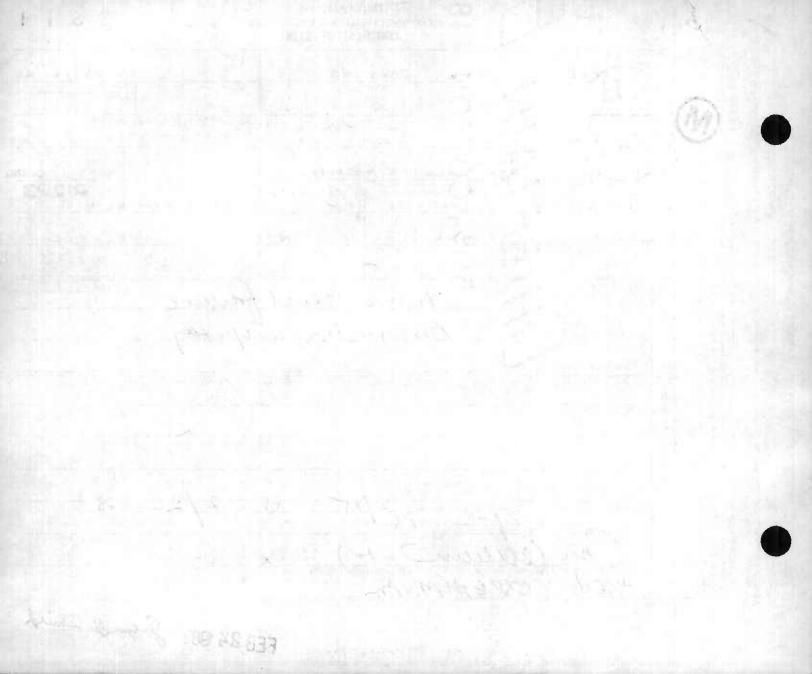


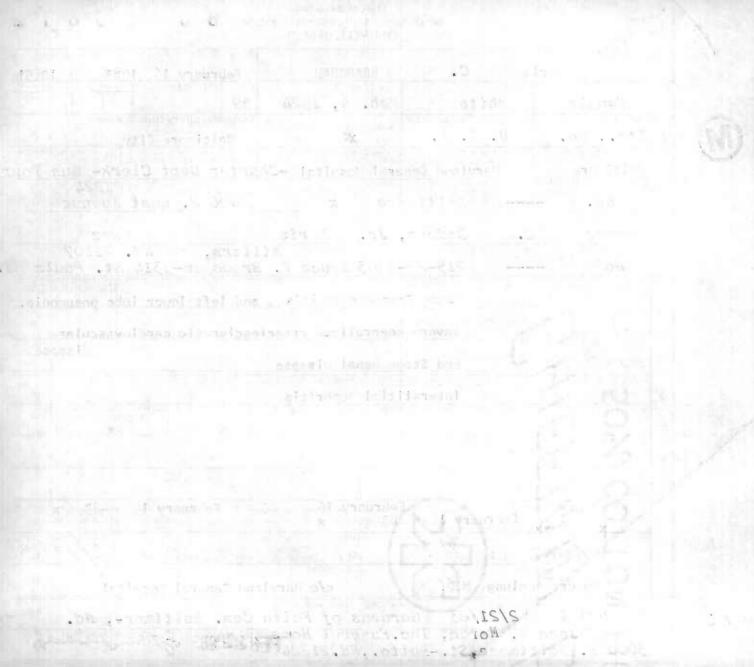
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3.	SEX	1.0	RACE DI.	MON	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST B	MONTH	
gi 26	BIRTHPLACE	(STATE OR FOREIGN 76	CITIZEN OF WHAT CO	101	2 83	9 BALTIMORE CITY	YRS OF D	1 3 4
35	COUNTRY)		XXXX	MARRIE WIDOW		Q ₁	timo r	O.T
10	CITY OR TOV	N OF DEATH	1. NAME OF HOSPITAL	NURSING HOME	OR OTHER INSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOST	10N 121	KIND OF BUSINESS O
37	Balt		PROVI	DENT	ASSP.	(TIPE OF WORK FOR MOST	OF WORKING (IFE)	DUSTRY
35	SUAL RESIDEN	ICE (IF NURSING HOMBOR OF		OR TOWN	113d. INSIDE CITY LIMITS	32 13e. STREET ADDRESS	Wind	217 A1
14	FATHER'S NA		DDIE	LAST	15. MOTHER'S MAIDEN	NAME		LAST
20	KOTS	125	cu	RTS	CAROLY	N	-	BOUD
1 "	IYES NO OR LIN	SED EVER IN U.S. ARME	ED FORCES? 16b SOC	IAL SECURITY NO.	17. INFORMANT	ADDI	ESS	
/ =			one couse per line for 10	. /hl				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	76	51 IMMEDIATE	DUE TO, OR AS A CO					
- 1		s, if any, which	(b)	MSEQUENCE OF	NON VIA	BILITY		
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		g couse lost				my ATU		
		THER SIGNIFICANT CO	nditions <u>contribut</u>	ING TO DEATH BU	NOT RELATED TO THE T	ERMINAL DISEASE OR COM	IDITION GIVEN IN	PART Ito
	19a DATE (OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WEF	RE FINDINGS USED
9						YES T NOT	IN CERTIFYING YES	CAUSES OF DEATH?
		INT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART 1 O	OR PART 2)
7	(IF EITHER	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	P.M.	19	ALC: LOCAL C			
	21d. INJUR	YOCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR T	OWN C	OUNTY STATE
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	obove 22b. SIGN	, (1) (we) (did) (did not) v	view the body ofter deat	h.		nion death accurred on the c		E.
	220. 310147	resale	den	md.	DEGREE ATTENDING		AFF _	221. DATE SIGNED
I	22d. PHYSI	CYAN'S NAME (TYPE OR PI	RINT)		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	CIAN	2-2-8
	PA	TRICIA.	L. SALDA	NA M.	Q. 2000 L	berty A	ts, 19	a. 2121
23	a BURIAL, CRE	MATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATO	RY 23d. LOCATION		
	(SPECIFY)	Removal	2/16/83			CITY OR TOWN	COU	
24	FUNERAL DIR	Anatomy Pe	14	ADDRESS Pal+		FER 2 3 1002	25h RIGISTRAR'S	SIGNATURE



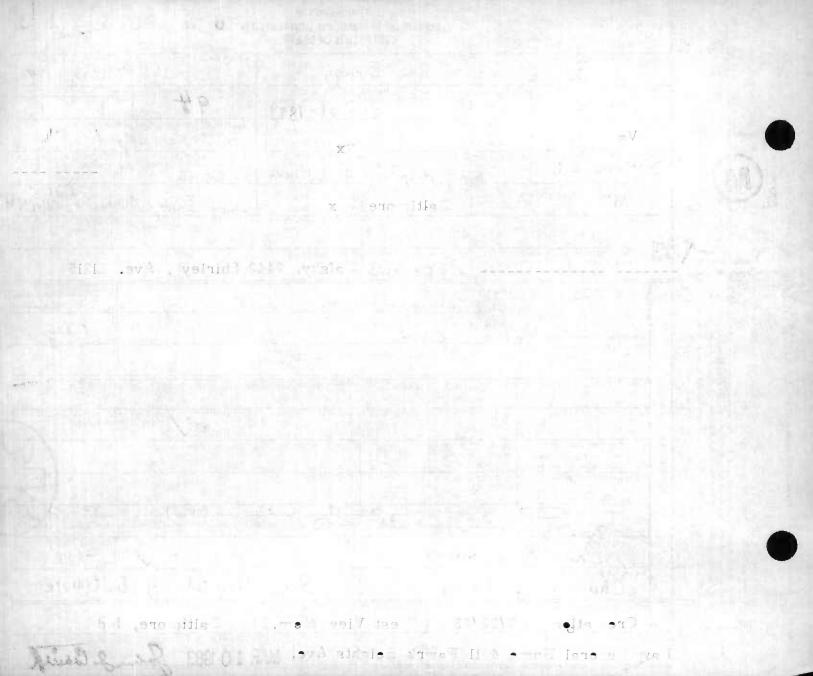
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DHMH - 17 (VR A15 ME (5)) 20M 4/B2				eral Home	e Glen B	urnie	TIAIN	1 1983	Jo an	2.0	sair	2







				FOR STATE REGISTRAR	Di	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0	3 5	1 3
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6	To lo	2		altimore City	(IF NOT IN SUCH FACILITY, GI		of Baltimore	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND OF E	BUSINESS OR
	hould be	5	13a. S	RESIDENCE (IF NURSING HOME OR TATE MD 13b. COUN	ITY 13c. CITY C	DR TOWN altimore	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e. STREET ADDRESS	ley Ave	enue , Fi	Priedler N.1
makin.	ond 2 sh	龙	14. FA	THER'S NAME FIRST	WIDD!E ſ	AST	15. MOTHER'S MAIDEN NA	AME	1	LAST	
De execut	Pages I	1		(AS DECEASED EVER IN U.S. AR.	E WAR OR DATES)	SECURITY NO.	Rafsky, 24	49 Shirley,		21215	* \$
rtificate	physicia onpapers emoval. event, the			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a). D BY. E CAUSE (a) Corr	hopulm	onary are	est			MEINTERVAL SET AND DEATH
death ce	nove carb notion, or r			4360 Conditions, if ony, which	DUE TO, OR AS A COL	NSEQUENCE OF				1 d	ay
that the	ed by the lease rem iol, cremo			gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	nsequence of					
requires	Then property, injury,		NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TER/	winal disease or cond	ITION GIVEN	IN PART 10	
The low	rcate has beer ronsit permit. Hygiene prior 18 shaws ony i	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO NO		VERE FINDING NG CAUSES OF	
PHYSICIAN: ending physic	is certificate I buriol-tronsit Mental Hygie or Item 18 sho	7	_	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	IN ITEM 18 PART	1 OR PART 2)	
ING PHYSIC	the bu		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
TEND of o	for us of He 21 is			22a I certify that (1) (this haspit saw the deceased alive an above (1) (we) (bid) did not			d that in (my) (our) apinion		te and hour or	83, the	ot (# (we) lost uses stated
AL OR	RAL DIRECT detoched frate Dept. of the Dept.			226. SIGNATURE Chun- K	Lang Huan		PEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F AN	22c. DATE SH 2/1	GNED
	should be deto with the State [IMPORTANT: If			22d. PHYSICIAN'S NAME (TYPE OF	ng Huang		220. ADDRESS inai	Hospital	of B	altimo	re
₽ ₽ BP_	<u> </u>		(urial, cremation, removal cremation	23b. DATE 2/23/83		Wiew Mem.				STATE
	16 50M 1/81 A 15, 4)		La	w Funeral Ho	me 4611 Pas	wrk Heig	hts Ave. M	TE REC'D. BY REGISTRAR 2	Sb. REGISTRA	R'S SIGNATUR	E



Sec. 18 18 Jon N. R. RAFFT Branson Latherine Markey 730KEB - 375-11-81112 CLIFFING M. Brown or change CALLED STRUCKS THE EFFORMATION SHOT STATE OF THE CREMITION JULY 83 COMENTAL Home 55 1 to

MARYLAND 21201

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Pennsylvania Ave, Hagenstown, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWNXX HTHOM DAY YEAR (TYPE OR PRINT) OF ESTI-Eugene DEATH MATED Brintley 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 6:44P LAST BIRTHDAYS PRONOUNCED Male May 4. 1919 White DEAD 64 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Virginia USA Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Union Memorial Hospital Mfgr Tool & Die WAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONING 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1430 Union Avenue Baltimore YESX X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Brintley Eugene BALTIMONE Beatrice 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Pasadena, DIVISION 252 09 0633 21122 yes Evelyn Brintley 112 Granada Rd IAL-TRANSIT PERMIT. P. MENTAL HYGIENE, DIV. OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "FR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE. BAILTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, (196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOXY 71a FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21e PLACE OF INJURY (AT HOME 211 LOCATION 714 INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Notural causes Homicide Undetermined manner Accident TITLE (SPECIFY) ACTUAL SIGNED 2-23-83 SIGNATURE EXAMINER'S NAME Margarita A. Korell.M.D. Penn Street (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL STATE 2/28/83 Burial Crownsville Md. Vets BP Crewnsville 74 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR" **DHMH - 17** Burgee Funeral Home 3631 Falls Read 2121: (VR A15 ME (5)) 20M 4/82

ale White Pay N. 1910 64 iriit 1001 1001 rltimore 1570 Enion Avenue 21211 urere . rintley r. er trice -1120 C52 C5 C633 velys ritials 112 revers 1120 2/2/3 rownsville . ets reville, ur se unoral ere 3631 alle ea 21311

A	1.	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		0 3 5	18
1			ence Thomas	S. Deiscoe S.	REG. N 20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 2-26-83 THDAY) IF UNDER 1 YEAR	
	11	PALE (SANTE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MONTH - 31-1911	72	YRS. BAYS	HOURS MIN.
135	6	Allo, md.	4.5,A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALLIM	ore City	MD
1/4	10.0	PAllimore	(IF NOT IN SUCHEACHLITY, GIVE STREET	ADDRESS) HOSP	Kelir	P WORTHS LIFE INDUSTRY	OF BUSINESS OR
\$5	130	AL RESIDENCE (IF NURSING HOME OF			130. STREET ADDRESS	Appleton	2/2/17
-SOO	14. FA	THER'S NAME FIRST	MIDDLE BRISAGE	15. MOTHER'S MAIDEN I	A MIDDLE	Selferson	ar
medical		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (18 YES, GIV	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	Briston 1/2	SEN, Ander	21217
riol, cremation, or removal. or ather fraumatic event, the		Conditions, if ony, which gove rise to immediate couse (b), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE (c)	DRO VASCULAR ENCE OF OR ONARY	A CCIDE	SAS 5.	mmate interval Onset and death
shows any injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, WERE FINDING CAUSES	NGS USED
or Hem 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	19 21f LOCATION	URRED (ENTER NATURE OF INJU		STATE
n 21 is morked	*	sow the deceased plive on above, (I) (we) (did) (did no	ital) attended the deceased from_	, and that in (my) (our) opini	on death accurred on the d	ote and hour and from the	
MPORTANT: If them		22d PHYSICIAN'S NAME (TYPE C	- A B Elle	DEGREE ATTENDING PHYSICIAN		FF 2	I 83.
IMPORTA	23a I	UNCS NO JURIAL, CREMATION, REMOVAL	23b. DATE 23-83 C	NAME OF CEMETERY OR CREMATOR	23d VOGATION DATE LOWN	ville county	mdi
1 4/82	24 FI	INERAL DIRECTOR	S 2221 ADDRESS	1	DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	weigh

CIPERCE Thomas Frisne Se 22 83 123. pellinere Lutherer Hage Kelned 6187 Tapped - 1 1/1 2 purposed When Eleven I was I have 435 was to the or 440 Ming Does to well in the hardline Si A COLOR OF THE PROPERTY OF THE Por 10 1 5-5-88 (Results withold line Chica He Mills Joseph Living 2293 Dennish Alexander

- /	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE O S	0 3 6	5 1 9
(1)		CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
poge 3		BERNA	RD	BROCKM	EYER	FEBRUARY	20 1983	8 · 05A
mo.	3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT		
ge 4		MALE	CAUCASTAN	7	7 6	50	YRS.	
2 hou		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
death. Pag		IISA - MD	USA	WIDOW		BALTIMO	RE CITY	MC
9 9 P	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KIND	OF BUSINESS OR
# # B		ALTIMORE	THE JOHNS	HOPKIN	S HOSPITAL	CONTINE		
	130	MD	OR OTHER INSTITUTION GIVE RESIDENCE UNTY 13c. CITY OR BAL	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2 OLLINGTON	1205 AVE
in a	14 F	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA			AST
pa du da	1	AICHAEL	J. BROCKM		BERNADINE		FEEHI	
d co d co	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE		
Page Page		JNKNOWN		6762	Bernadine	Brockmayer	916 N. C	OLLING
is that the death ed by the ottend please remove ca rirol, cremation, o		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	nlous c	ell Ceirc	inous!	481
equire in sign Then r to bu	TION		t conditions contributing	bull	alar.			
nas be	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO		YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO DEATH?
Physical Hanger of Hanger		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER MATURE OF INJUI	Y IN ITEM 18 PART 1 OR PART 2)	
G PHYSICIA ottending plants this certificate this certificate to and Mental rked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIT	P.M. 21e. PLACE OF INJURY	19	211. LOCATION	-		
g g f f g b	A	WHILE TO NOT WHILE TO	(AT HOME, STREET, FACTORY, O	FFICE FARM, ETC)	STREET	CITY OR TO	WN COUNTY	STATE
or or a			spital) attended the deceased f	rom a a	3/3/ 10 8:	10 217	10 10 83	, that (I) (we) last
ATTENDING sspitol or of CTOR: After d for use os t t, of Health o		saw the deceased alive	00 120	213	nd that in (my) (our) opinion	death accurred on the de	ate and hour and from th	, , , , , , , , , , , , , , , , , , , ,
		22b. SIGNATURE	nat) view the body after death.	1	DEGREE		22c. DAT	E SIGNED
the hard of the barborher of the Dep		1 / 1/4	Ille 7	MOU	4 ALL ATENDING	MEDICAL STAF	FAND 7/	UN 105
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With With Williams	22-	BURIAL, CREMATION, REMOV	AL 236 DATE	22. NAME OF	EMETERY OR CREMATORY	1234 LOCATION		
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	_	UNERAL DEBOTOR	2/23/83	HOLY	REDEEMER 250 DA	TE REC'D. BY REGISTRAR	2% AEGISTRAR'S AIGN	TURE
DHMH - 16 50M 4/82		THE TOTAL	L (21/ change	RESS A	0 - 21237 FF		" Lead la	shelf

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6009 Harford Rd. Balto., Md. 21214

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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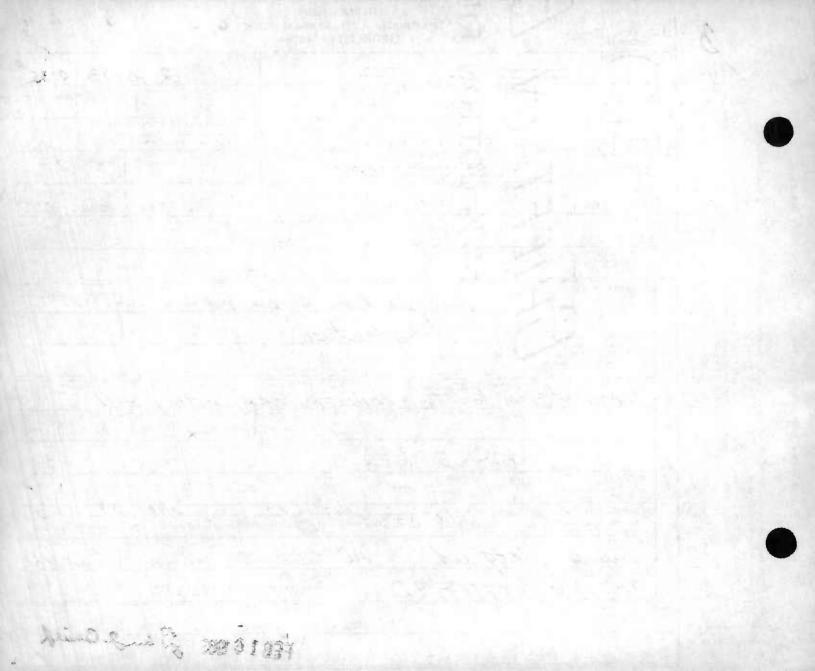
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				(c)											
	_	PART 2 OTHER SIG	INIFICANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT NOT REL	ATEO TO THE TER	MINAL DISEAS	E OR CONDITION	N GIVEN IN PA	RT 1 (a).			700	555	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 28. DATE OF DEATH MONTH YE AR 2b HOUR TYPE OR PRINTS GERALDINE I. BROWN 4 RACE IF UNDER I YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR Female Black 29 54 TO BIRTHPLACE ASTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY Marvland WIDOWED DIVORCED [JO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR UNION MEMORIAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2008 E. 31st Street 21218 Maryland Baltimore YES TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME CADST MIDDLE EAST MIDDLE EIDCT Lorenzo Elizabeth Burman Evans ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST No 217-26-8566 Melvin D.Brown 2008 E. 31st Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and PART I. DEATH WAS CAUSED BY Currengena IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIEYING CAUSES OF DEATH? NOY YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR (A.M.) MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 0835 P.M. 2 198 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (the hospital) attended the deceased from sow the deceased give an above, (I) (we) (filed) (did not view the body after death. , and that in (my) four opinian death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT ??e ADDRESS UNION MEMORIAL HOSPITAL 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION SPEBURIAL 2/18/83 Baltimore Cemetery Baltimore 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

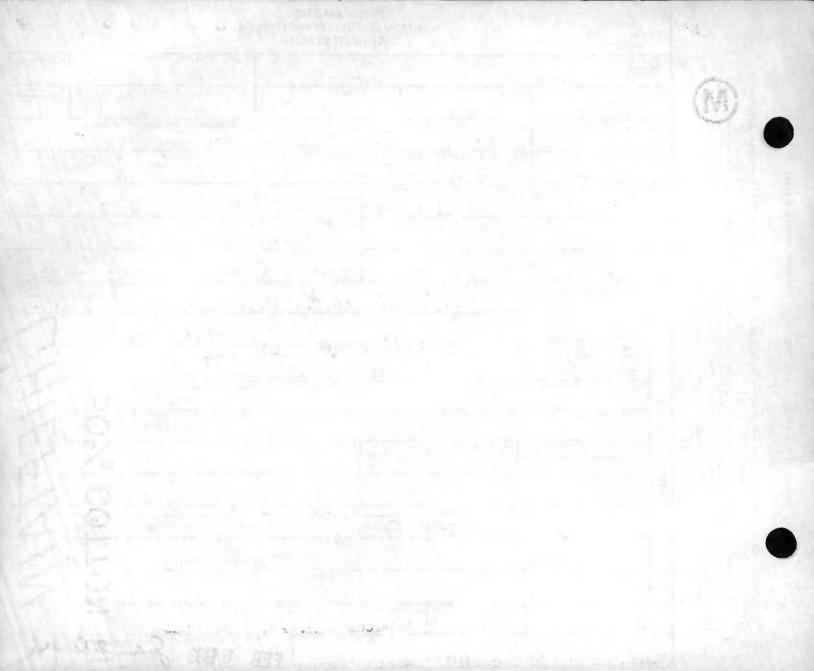
Wm.C.March F/H Inc.1101 E.North Ave.



ADDRESS

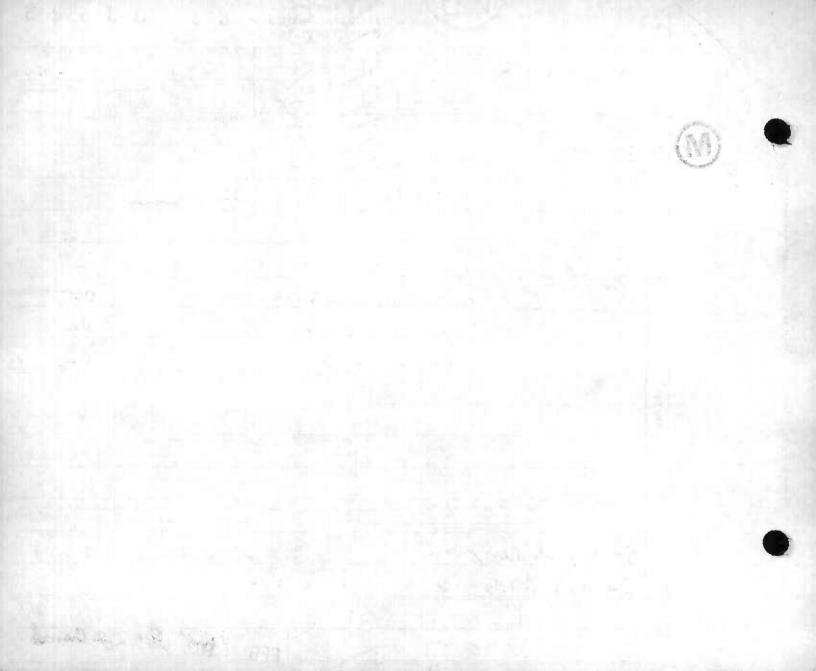
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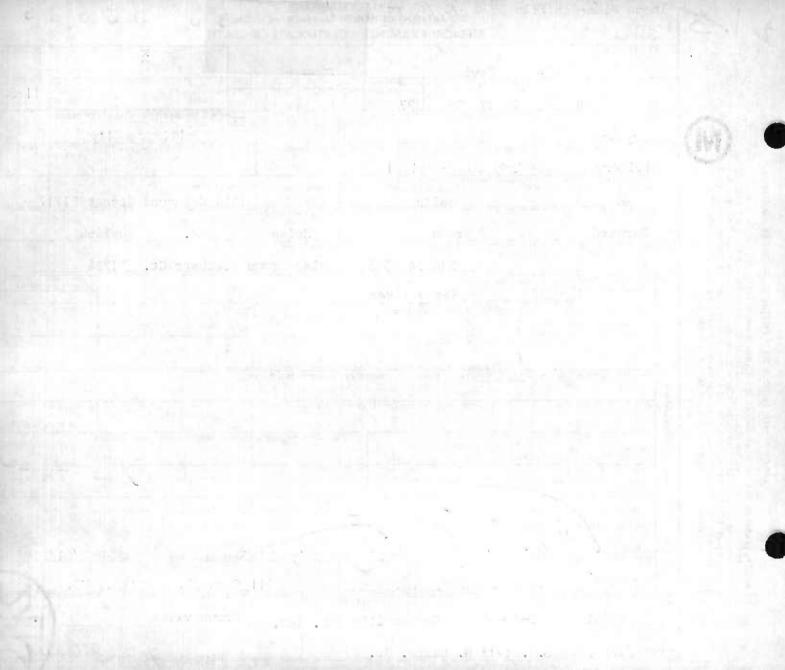


8	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 S	0 3 6	2 4
	(TYPI	CEASED NAME FIRST		BR	20WN	2a. DATE OF DEATH	2/21/83	26 HOUR 4: 10 PM
	3. SE	MARE	d RACE	S. DATE C	DAY / YEAR	6. AGE (IN YEARS LAST BI	MONTHS DAYS	
333		RTHPLACE (STATE OR FOREIGN COUNTRY)	Ur S.A.	MARRIE		BALTI	MORE COT	Y MD.
Pottied	I	TY OR TOWN OF DEATH	NORTH CHARL	ES GA	PROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY	
35	M	ARGLAND 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13 CITY OR TO	OWN	13d INSIDE CITY LIMITS? YES NO		PALE HILL A	11239
000	14. FA	THER'S NAME FIRST ESTER	ROWN LAST		15. MOTHER'S MAIDEN NA FIRST	UNKO	our	AST
medicol		VAS DECEASED EVER IN U.S. AF			MRS MARIE	BROWN 451	8 MARBLEH	21239 Inz. Rano
injury, or ather troumatic event, the	ION	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	TE CAUSE (0)	QUENCE OF	CONSESTIVE FAIL	URE	FAILURE BETWEEN	(0)
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WERE FIND! IN CERTIFYING CAUSES YES	
ZI is morked or Ifem 18	MEDICAL CE	sow the deseased alive on	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) (AT HOME STREET, FACTORY, OFFICE) (AT HOME STREET, FACTORY, OFFICE)	m	211. LOCATION STREET 2 10 10 83 d that in (my (dur) opinion	CITY OR TC	2/21 19 8.3	state, that (1) (we) bust
MPORTANT: # #em		226. PHYSICIAN'S NAME (TYPEC) A. C. CH			ATTENDING PHYSICIAN [MEDICAL STA	FF / 22c DATE	E SIGNED
≧ 1	23a. 8	BURIAL		NAME OF C	HILL CEM	23d. LOCATION CITY OF TOWN ROOKLY	N A.A.Co	Mo
		INERAL DIRECTOR SEAH L. RUSS	S DDDZW. NORES		75e-DAT	R 4 198		shield

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(1)	YPE OR PRINT)	Wayr	ne vari			R	rown			OF DEATH A	AATED		0010	0.7	
3. SE	EX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEAR	s IF UND	ER I YR.	FUNDER 2		DATE		MONTH	2019 DAY	93 YEAR	2d HOU
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14	Md FATHER'S NAME			Balt	.0		YESX	NO DEN		Call	nound	Stre	et Z	121/	
17.	FIRST		WIDDLE		LAST	1	S. MOTHER		INAME	MIDE	DLE	-	LAS	r	
140	Berna	rd Dever in U.S. Ar		Brown	IAL SECURITY	NO 17	He.	len		R.	ADDRESS	Eng1	.1sh		
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Lilly & Zeiler Inc. 1901 Eastern Ave. (21231

MIDDLE

- STATE

(TYPE OR PRINT)

REGISTRAR

1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/73

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5)

CERTIFICATE OF DEATH

LAST

REG. NO

7h HOUR

HOUR5

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO F

STATE

COUNTY

23x DATE SIGNED

Maryland

21204

mmedica

Church

DAYS

INDUSTRY

IF UNDER 24 HRS

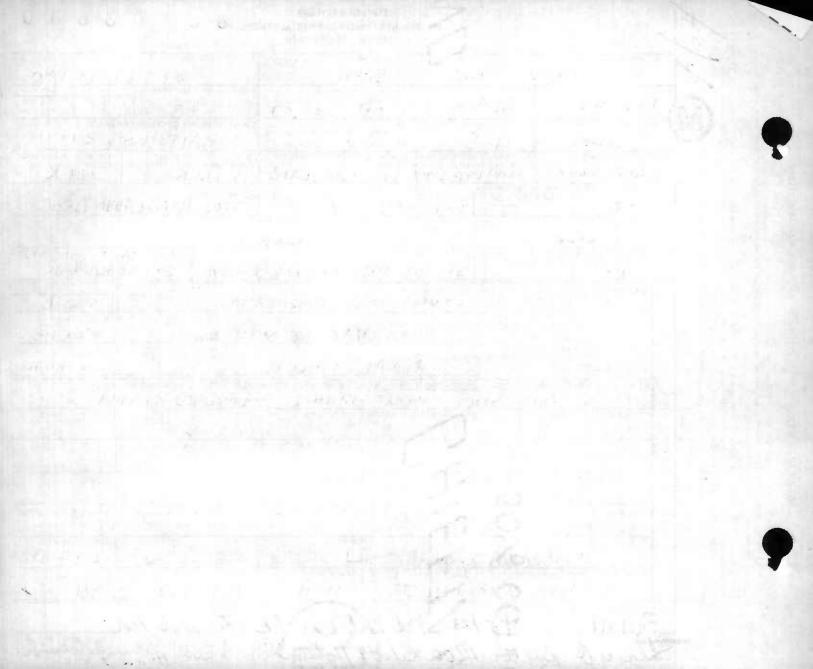
20. DATE OF DEATH MONTH

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8	1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0	3 6	2 9
	1. D		RST	MIDDLE		AST	REG. N		DAY YEAR	2b HOUR
9 e 9 e e		PE OR PRINT)	dolPH	1.	BHE	CHNER	Februa	ry 27	1983	2:01A
may be page 3 er death	3. S		4. RACE	0,	5. DATE O		6. AGE (IN YEARS LAST BIR	1	IF UNDER 1 YEAR	
350		M		W	MONTH	-11- 1904	78	YRS.	MONTHS DAYS	HOURS MIN.
	.7a.	BIRTHPLACE STATE OR FOREN	GN 76. CITIZE	N OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
U	19	EUNSY LV ANIA	,	U. S. A.	WIDOWE	_	Baltimore	City		MC
The fa	10	CITY OR TOWN OF DEATH		NE OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
led to	5	Baltimore	Mar	yland Gener	al Ho	spital	ELECTRIC			ROAD
filled in sould be		STATE 136	COUNTY	131. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	BATA	2121	AVE,
and 2 sh	(14.1	FATHER'S NAME FIRST ADOL	PH MIDDIBL	JECHNER		15. MOTHER'S MAIDEN NAI	A MIDDLE	Me	LSEY	ST .
Pages 1	160	WAS DECEASED EVER IN L	VES. GIVE WAR OR D.	CEST 100 SOCIAL SECT		17. INFORMANT His Antonist	Le J. Brech	ESS	301 K	3atavia
n signed by the attendi Then please remave car to burial, crematian, ar injury, or other traumati	NO	underlying couse it	ote the DUE	TO, OR AS A CONSEQUE (b) Carcinoma TO, OR AS A CONSEQUE (c) (c) (c) (d)	tosis ENCE OF	NOT RELATED TO THE TERM	IINAL DISEASE OR CON	IDITION GIV	EN IN PART 1	О
bee prio	CERTIFICATION	190 DATE OF OPERATION	19b. C	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDI	INGS USED
N De do		4-8-82	Ca	rcinoma of	the R	ectum	YES NO	YES		NO [
the burial-transit and Mental Hygie and Mental Hygie and ar them 18 sho		216. ACCIDENT WAS UNDERLYST OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HO	TIME OF INJURY UR A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P.	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	TATHO	PLACE OF INJURY OME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT: if hem 21 is mark		22a.1 certify that XI) (this saw the deceased a above II) [##] [dish] 22b. SGN III E	February View the	ded the decepted from -		DEGREE ATTENDING PHYSICIAN 22. ADDRESS C/O Marylane	MEDICAL STA	Interest of hour	22c, DATE	, that XIX(we) los e couses stated E SIGNED
8P 8	L	BURIAL, CREMATION, REM				ENS of FAITH		LTIM	COUNTY	Mo.
H - 16 50M 4/82 (VRA 15, 4)	24	FUNERAL DIRECTOR HARTLEY M	iller	7527 HA	RFOR		REC'D. BY REGISTRAR	Jo Cu	RAR'S SIGNA	ruelf

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

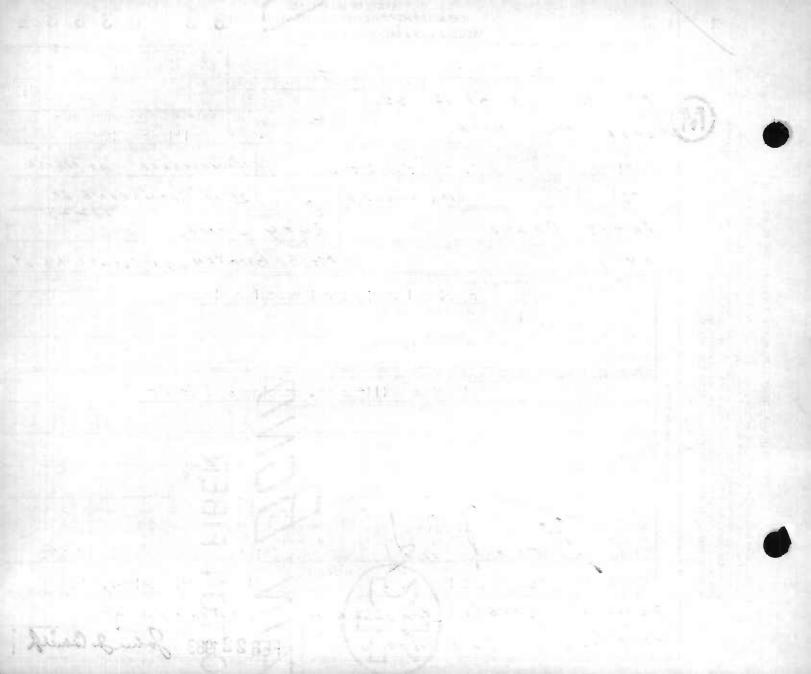


(VRA 15, 4)

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may betained by the haspital or oftending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and cumulating filling in the funeral direct should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages I and 2 should be filed — this 72 haurs with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.
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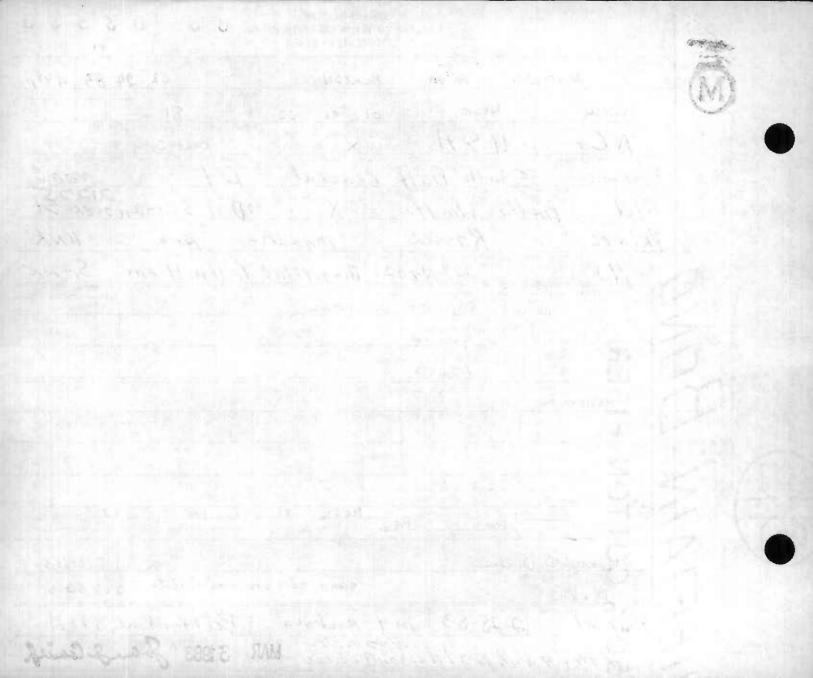
STATE OF MARYLAND

1 - STATE REGISTRAR		٠,	DEPARTA		EALTH AND I		IENE O	REG. NO.	U) 3	3 3
1 DECEASED NAME	FIRST	-	MIDDLE	I.	AST		20. DATE OF D	EATH MO	HTM	DAY	YEAR	26 HOUR
THE OKEKINI	MATIL	A	ANNA	Bu	IRTON			0	12	94	83	4480
3. SEX	4	RACE		5. DATE C			6. AGE (IN YEAR	S LAST BIRTHD.	AY)		ER I YEAR	IF UNDER 24 HRS
Fema	u	Ney	vo	MONTH		02	A	81	YRS.	MONTHS	DAYS	HOURS MIN.
7a BIRTHPLACE (5)	THE OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVERA	ARRIED T	9. BALTIMORE	CITY OR	OUNT	Y OF DE	EATH	
/V /L	1	u:	フガ	WIDOWE	1	ORCED	E	solf c	cutu	1		M
10 CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a. USUAL OC				KIND O	OF BUSINESS OF
Bultimor		Sout	h bal	+ G	ENCL	al	Re t	_			N	ONG
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PRINC	<u> </u>	DOLE	OSSER		IS. MOTHER'S	MAIDEN NAM	a	ANI	~		LAS	unk
160 WAS DECEASED (YES, NO OR IN PO		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 227-10-6	NITY NO.	Paugi	Mae	Belli	ADDRESS W, 1/	An	7	S	AM
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PART 2 OTHE	R SIGNIFICANT CO	NDITIONS CO		DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDIT	ION GIV	VEN IN	PART 110	a
o a	nemia											
130 DATE OF C	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPS		4 CERTI			OF DEATH?
OR CONTRIBUTE	VAS UNDERLYING COMMON CAUSE OF DEATH	21b. TIME O HOUR A.F	M. MONTH DA	Y YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATUR	E OF INJURY IN	ITEM 18. I	PART I OR	PART 2)	
(IF EITHER NOTI	CCURRED NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATIO	N	C	ITY OR TOWN		co	YIMU	STATE
sow the c	hot (I) (this hospital deceased alive on (we) (did) (did nat)	Feb	19 1	982. an	reb 24 d that in (my)	pur) opinian c	, to	Felo 24 in the date	ond hav	19 F ur and f	rom the	that (I) <u>(we)</u> las causes stated
22b. SIGNATU				[DEGREE	TTENDING	MEDICAL	STAFF		22	C. DATE	SIGNED
, ,	ween L.D	unb-			P		MEDICAL DIRECTOR	STAFF	X		2/2	4/83
	N'S NAME ITYPE OR P	RINT)			SBGH,	3001 5	Hanover S	H, Ba	4	21	23	0

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DURKIN

DHMH - 16 50M 1/B1 (VRA 15, 4)



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE STATE STATE STATE OF THE ST

1206 . NORTH AVE.

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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83

DAYS

IF UNDER LYFAR

INDUSTRY

2h HOUR

9:45

12h KIND OF BUSINESS OR

Hotel.

21217

841 McAleer Cour

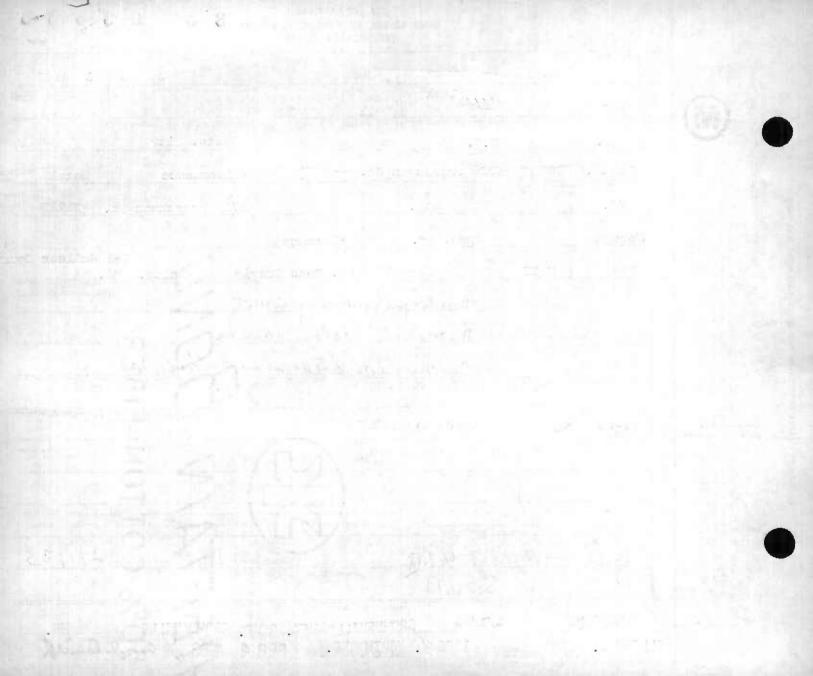
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

COUNTY

CROWNSVILLE



FOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE

REGISTRAR

3104 Pinewood Ave. 21214 Holacek Mabel H. Busick, 3104 Pinewood Ave. 21214 CARDIOVASQULAR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 21234 Balto. Md. 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc.,5305 Harford Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

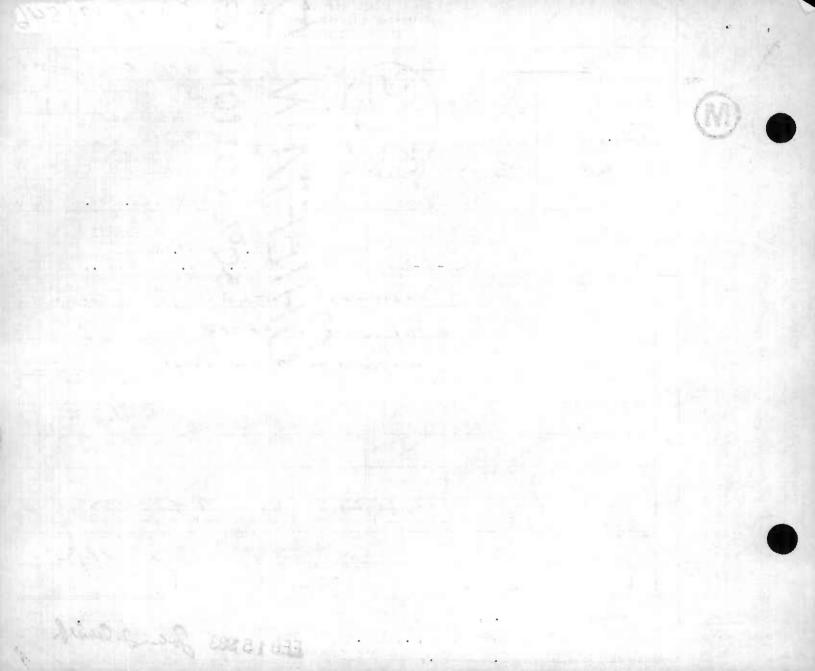
26 HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

IF UNDER 24 HRS

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200 g		Anr	if G.	Bi	it LER	2a. DATE OF DEATH MONT	-/12/83	9:30 AM
Ch	1.56		4 RACE	5. DATE (DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
INIL	Jare.	RINPLACE (1974) OR FORDON	Black 76. CITIZEN OF WHAT COUNTR	Y? 8	11 15	9 BALTIMORE CITY OR CO	UNITY OF DEATH	
1		Maryland	U.S.A.	WIDOWE	DE NEVER MARRIED DIVORCED	Baltimo	re City	MD
49	1	Baltimore city	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR North Charles	Genera		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		BUSINESSOR
in 24 for the should t	13a. M	aryland 136 cou	R OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		13e STREET ADDRESS 401 E. 25th	St.Apt.5C	21218
ompletely and 2 sh	14. F/	ATHER'S NAME FIRST	MIDDLE LAST Grayso	n	15. MOTHER'S MAIDEN NAME FIRST Florence	WE	Carter	
n and co	1	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI UNKNOWN)	RMED FORCES? 166 SOCIAL SE		17. INFORMANT	ter,Sr. 401 E.		
ires that the deat gned by the atten in please remove c burial, crematian, ry, ar ather traum		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	DUENCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0	
incian. Ite has been signate has been signate primit. The right parametral shaws any injurial shaws any injurial has been signated by the shaws any injurial shaws and injurial shaws a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			20a AUTOPSY? 20b.	IF YES, WERE FINDING CERTIFYING CAUSES O YES	GS USED
SICIAN: ng phys certifica urial-tra tental Hy ltem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR		ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
ING PHY r attends witer this as the bit th and M arked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIR spital ar CTOR: Al I far use a I far use a 1 af Healt	1		attended he deceased fram	CAA	d that in (mg) (aur) apinian d	eath accurred on the date an	, 19 83, the definition of the co	iat ii (we) last auses stated
by the har NERAL DIRE. be detached a State Dept TANT: If Herr		22b. SIGNATURE Mullin 22d. PHYSICIAN'S NAME	petino &	m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATUS	2/83
TO FUNERAL should be det with the State		MARCOS I	3. GALICIA	dr. m.	22e ADDRESS Worth C	HArles GEL	1. Hogyt	1
BP	23a E	BURIAL, CREMATION, REMOVAL BURIAL			EMETERY OR CREMATORY S Memorial Pk.		COUNTY	Md".
HMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR NAME N. C. March F/H	Inc. 1101 E. N	orth A	and the second s	B 1 6 198	GISTRAR'S SIGNATU	will

CONTRACTOR OF THE 1. Thursday The the training of the Branch NEW CAR CARE TALE YOU MARCES B. GARREN AR M. Mart Com to GREE Stage At

1	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 3	0 3 6 3 9
oge 3 deoth	1. DECEASED NAME (TYPE OR PRINT)	rse W.	Butler	20 DATE OF DEATH MONTH	121/83 6:30 M
	3. SEX Male	4. RACE Caud.	5. DATE OF BIRTH MONT1/12/98 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER FREAK # UNDERFORMES MODERNS DAYS HOURS MINE VAIS
100	70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR $\mathbb{U}_{\bullet}\mathbb{S}_{\bullet}$	Y? 8 MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	Baltimore city or co	MUTE CITY MD.
by the fur filed within	BALTEMORE C	II NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR. NO. Char.	sing home or other institution less then. Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY
ly filled in b should be fi	USUAL RESIDENCE (IF NURSING HOAD) 130. STATE 136 C	NE OKOTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 13c. CITY, OR IC	WN 13d INSIDE CITY LIMITS?	13e. STREET APPRESS Rol	and Ave. 21211
completely fond 2 sho	14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN P	NAME MIDDLE	LAST
ond	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? 166. SOCIAL SE S, GIVE WAR OR DATES) 216-05-		ADDRESS	
physicion. Infacote has been signed by the ottending physician Infacote has been signed by the ottending physician I-tronsit permit. Then please remove corban popers: I all Hygiene priar to burial, cremation, or removal. In 18 shows ony injury, or other traumatic event, the new I-traumatic event, the new I-traumatic event.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICA 199 DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	OUENCE OF O DEATH BUT NOT RELATED TO THE PE CH OPERATION WAS PERFORMED	RMINAL DISEASE OR CONDITION THE MEA ATO 200 AUTOPSY? 200. YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
TO FUNERAL DIRECTOR: After this certificate has should be detached for use os the buriol-tronsit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If them 21 is marked or them 18 shows	OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OFFICE OF THE PROPERTY MEDICAL EXAMPLE AT WORK AT WORK 220. I certify that (I) (this has been at work 220. I certify that (I) (this has been at work 220. I certify that (I) (we) (did) (did) 220. SIGNATURE The Physician's Name (i) MAR COS 230 BURIAL CREMATION, REMO	FDEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF	DAY YEAR 19 21f LOCATION STREET	MEDICAL STAFF I DIRECTOR PHYSICIAN HAPLES GEW. 1236 LOCATION	county state \$3 That (If (we) last and hour and from the couses stated) 22(c. DATE/SIGNED) 2/2//83
P	(Speciation	2/22/83	Greenmount	Balto. Md	
16 30M 2/80 A 15, 4)	Paulle Chenov	reth 3rd. 3617 0th		B 2 3 1983	and lately

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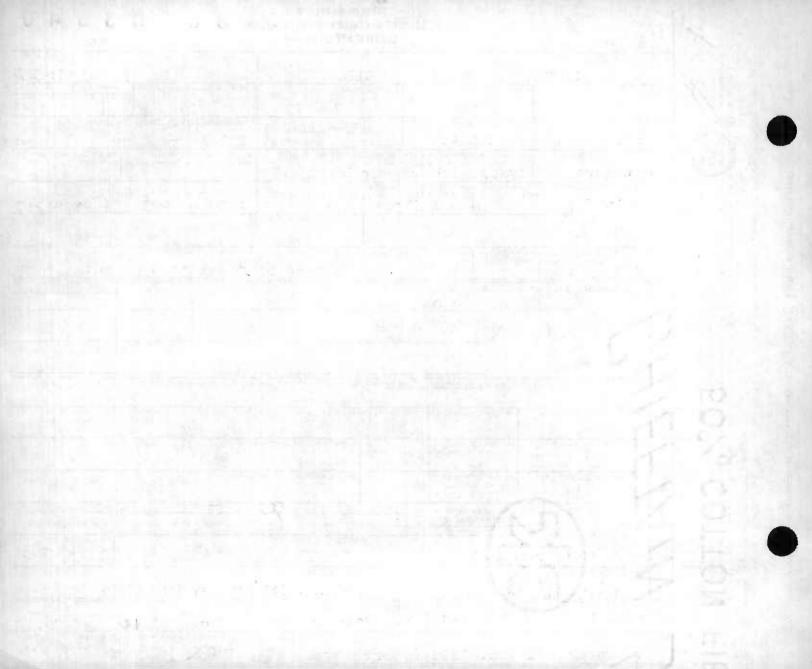
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	3	U	3	0	Sel	-
CENTIFICATE OF BEATH							

	1	REGISTRAR			CERTIF	ICATE OF DEATH	H	REG. NO)				
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/	TITPE	LAMBER	T.	NMN	BUT	LER			2	5	83	11:4	5A/M
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2		COUNTRY) _		WHAT COUNTRY	/? 8 MARRIE	NEVER MARRIE		BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
-	_	aryland		5.A.	WIDOWE			Baltimor					MD.
b:	7	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTIO		12a USUAL OCCUPATION OF OF WORK FOR MOST OF			KIND O	F BUSIN	ESS OR
1	-	altimore				yland 212	18						
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n	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE			LAS	ī	
N		Malachi		Butle		Flor	ence			A	nde	rso	n
1		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN)	MED FORCES?	16b SOCIAL SEC		17. INFORMANT	17.5	ADDRE		20			
		res		N/A	4	Paulette	L.	Jones 16	00 1				
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per D BY:	6 /	and (c).	, 1				-	APPROXI	MATE INTE	DEATH
		7991 IMMEDIAT	E CAUSE (0)	Caraco.	resp	· soil	u.	~					
			DUE TO, O	R AS A CONSEQ	UENCE OF								
		Conditions, if any, which gave rise to immediate	(b)							-		_	
	1	couse (a), stating the underlying couse last.	DUE TO, OI	R AS A CONSEQ	UENCE OF								
	-	PART 2 OTHER SIGNIFICANT O	(0)	ANTERIORITANC TO	DE ATH BUT	NOT BELATED TO TH	E TERANIN	IAL DISEASE OR COME	NTION C	DAENT INT	DARY 1		
	2	PART 2 OTHER SIGNIFICANT	CHUITIONS CC	JNIKIBUTING TO	J DEATH BUT	NOT RELATED TO TH	IE IEKMIN	NAL DISEASE OR CONL	MIONG	IAEM IM	PARI IIC)	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YI	ES, WERE	FINDIN	IGS USE	D
1	IFIC		- 6.53					YES TO NOM		YES I	CAUSES	OF DEA	
1	CERI	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUR			PART 2)		
4		OR CONTRIBUTING CAUSE OF DEA	NIN .	M. MONTH	DAY YEAR								
	MEDICAL	214. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOV	WAL		YINU		STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE	E, FARM, ETC)	STREET		CITY ON TOV	VIN		OIVII		, i Air
	7	22a. I certify that XIX this haspi	tal) attended the	e deceased from	_DECE!	MBER 13 . 19.	82	, to FERRUAR	XY 5	, 19_8	3_,	that (X	we) lost
	-4.	saw the deceased alive an above, (Mwe) (did) My My	FERRUA	RY 5 19.	83	nd that in (X_y) (our) o	pinion de	eath occurred on the do	te and ha	our and f	rom the	couses st	oted
	1	226 SIGNATURE	00	oner deam.		DEGREE				22	c. DATE	SIGNED	
		Miguel L	lelsad	7		ATTEND PHYSIC		MEDICAL STAF		0	1/2	418	3
1		22d. PHYSICIAN'S NAME TTYPE O	R PRINT)		nval.	22e ADDRESS			^				
1		Miguel	De (0)	7d6		VAMC, Ba	ltimo	ore, Maryla	and 2	1218	,		
	230 B	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMA		23d. LOCATION		COUN	ITY		TATE
		BURIAL	2/11	./83	MD. V	eteran C		Crowns		W		Md	•
	24 FL	JNERAL DIRECTOR		1000000		2	250. DATE	REC'D. BY REGISTRAR	REGIS	STRAR'S	GIGNATI	URE	4

DHMH - 16 50M 4/82 (VRA 15, 4)

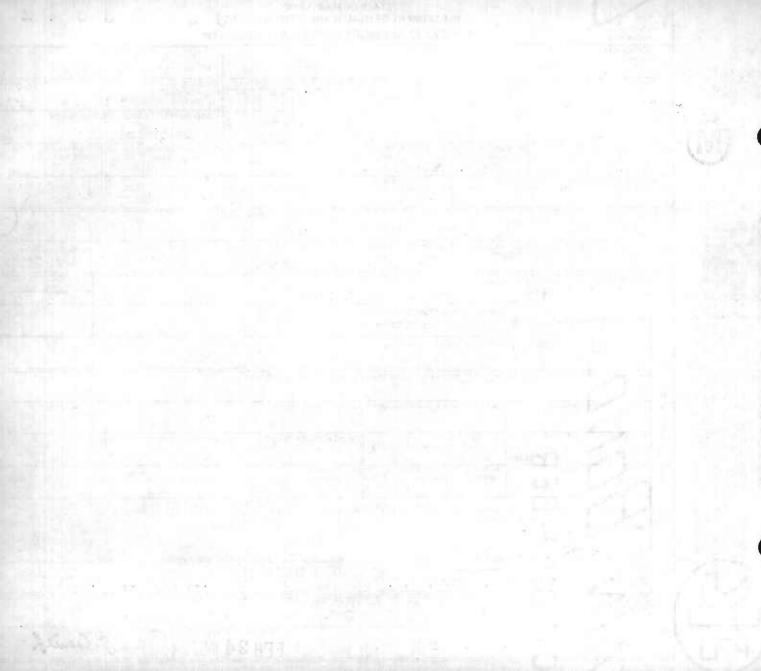
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Wm. C. March F/H Inc. 1101 E. North Ave.



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STREET,	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER		RONOUNCE DEAD	_	MONTH	2/83 ₁₉	75 H 245 P M
2	7a 81	1 e	Black	1 23	06 IAT COUN	TRY?	0	ED NEV	VER MARRI	IED 🗆 9	BALTIMOI	-	OR COUNT	TY OF DEATH	I F M
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2		THER'S NAME		MIDDLE B	rise	LAST		15. MOTHE FI Ann	IRST	N NAME	MIDD	DLE		LAST	
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3	AL CERT		AL CAUSE WAS OR NG CAUSE OF I	216. TIME OF HOUR A.M DEATH P.M		DAY YEAR		OW INJURY	OCCURRE	D LENTER N.	ATURE OF INJUR	RY IN ITEM 18	PART 1 OR PAI	R1 2)	
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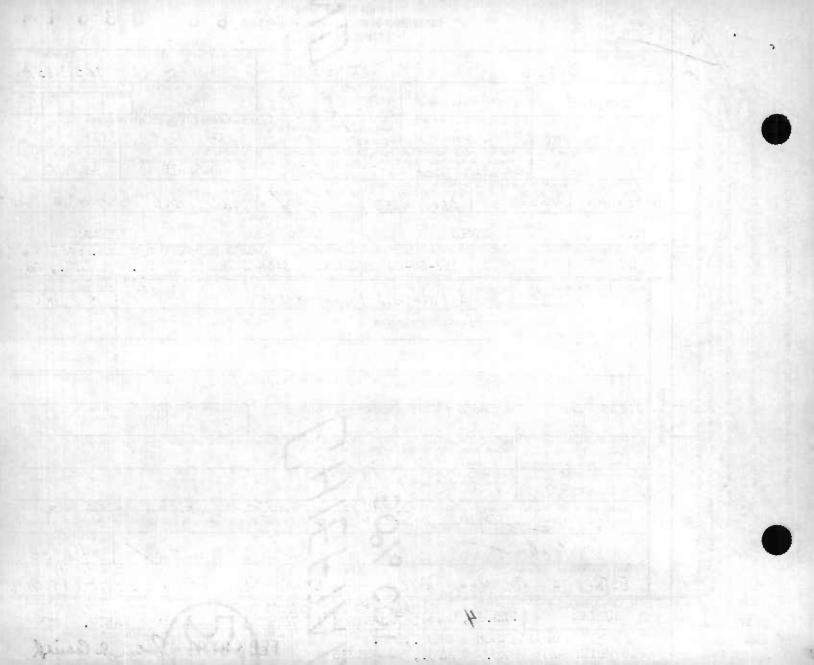
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST 26 HOUR O 20 DATE OF DEATH MONTH (TYPE OR PRINT) BLANCHE IRENE BYRON 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IE UNDER I YEAR IF UNDER 24 HRS MONTH White Female 95 87 ZEBIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore City U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b KIND OF BUSINESS OR the of work for most of working life;
Homemaker INDUSTRY Baltimore St. Agnes Hospital WOULD RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 36 COUNTY 13c CITY OR TOWN 786 Washington Blvd. 13d, INSIDE CITY LIMITS? Maryland 21230 Baltimore YES X NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE UNKNOWN MIDDLE Unknown Shriver 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 21227 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-01-2886 Charles J. Hubbell 4017 Hollins Ferry Rd. APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ō (AT HOME STREET, EACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 3., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on ... obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 221 DATE SIGNED + ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME STYPE OF PRINTS 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (SPECIFY) Burial 2/23/83 Baltimore National Baltimore 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 1/81 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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c	. 16	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	ALTH AND MI	ENTAL HYGIE	ENE 8	REG. NO.	0	3 6	4	4
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10	M	3. SE)	FEMALE		casim	5. DATE OF		1903	S. AGE LINYE	79	YRS.	IF UNDER I YEAR	HOURS	MIN.
	1 1 35	B	RTHPLACE (STATE OR FOREIGN COUNTRY) AUTIMORE, MY	· v	WHAT COUNTRY?	MARRIED WIDOWED		RCED	BALTIMO	HTIM	ORE	CITY		MD.
201	of the state of th	1	SALTINURE	(IF NOT IN SU	ivs heaker	ACIDRESSI GE	RIATRIC (SENTER.	120. USUAL C TYPE OF WORK HOL	JSEWIF	WORKING LIFE	126. KIND INDUSTRY AT		
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IMORE,	n ond co	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	217-34-		SACKS		COB CA		DR.		MARIA TO.,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death certificate d by the attending physicis lease remove carbon paper ial, cremation, or removal. or other traumatic event, th	7	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUSED OF THE PART IN TH	DUE TO, (er line for (0), (b), one ASPIRAT OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF	NEUM	ONIA			212	De l'integra	XIMATE INTEL CONSET AND BHR	
AL RECORDS, 20	he law requires an. has been signe t permit. Then p ene prior to bur aws any injury,	CERTIFICATION	PART 2. OTHER SIGNIFICAN	19b. CON	DITION FOR WHICH		WAS PERFORA	MED	200 AUTO	PSY?	20b. IF YES, IN CERTIFY YES	, WERE FIND YING CAUSE	INGS USE	TH?
IVISION OF VIT	DING PHYSICIAN: To ottending physicial After this certificons e os the burial-transit oith and Mental Hyginarked or frem 18 shannarked	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED AT WORK NOTIFY MORE	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	AY YEAR 19 ARM ETC)	21t. HOW INJU		D (ENTER NAT	CITY OR TOW		COUNTY		STATE
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	TO HOSPITAL etained by 11 TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TY ESTRELITA	0. K	in, my	7	220. ADDRESS VEVINYA	VE HEK	skew c	GERIATI		ENTER.	. Hos	PIAL
	BP		BURIAL, CREMATION, REMOV SPECIFY) BURIAL	FEB.1	4,1983 MA		MEFREE CE SH WAR	VETERA		OSEDAI		BALTO.	MD	STATE
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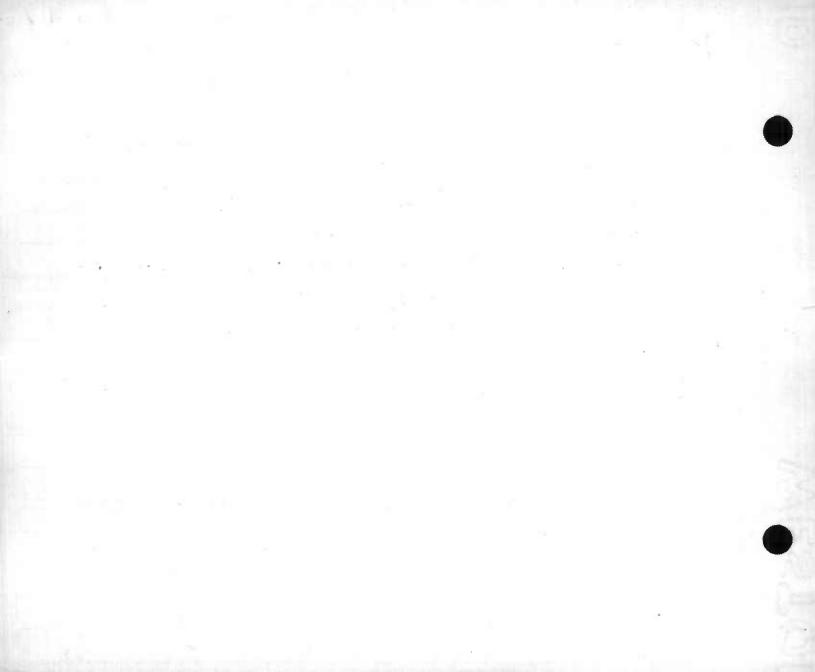
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MUSION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTENO ZIZO	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
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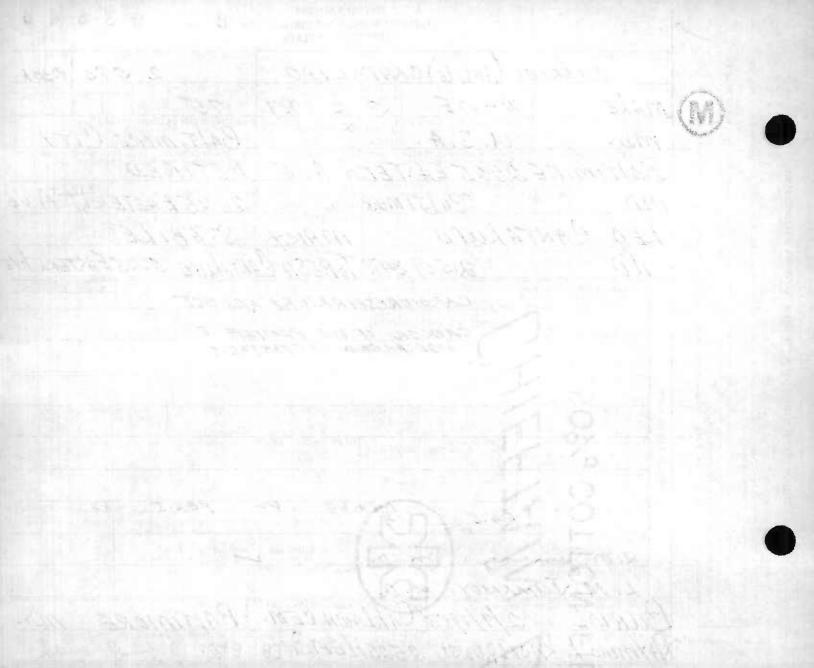
	1. DE	CE WOLD LAWAIT		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH AST	REG. NO		YEAR 2b. HOUR
	(TYPE	OR PRINT)	wetth L	1	to Ary	216	/83	1025
	3. SEX	Female	4. RACE	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER MONTHS	DAYS HOURS
35		RIHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH
31		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore City	IG HOME C ADDRESS) HOSP	or other institution	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Manager	WORKING LIFE) INDL	CIND OF BUSINES USTRY Inchonett
3		AL RESIDENCE (IF NUR TO A PARE)	imore ESSEX TO	1221	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 126 Wilts	hire Rd.	21221
C	14 FA	THER'S NAME FIRST Leroy I	Canary LAST	-33	15. MOTHER'S MAIDEN NAM	ME	einer	LAST
2	16a W	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU 216 26 7		17 INFORMANT Bertha Canar	y, Mother	Same	
	NOI	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	L; ve			DITION GIVEN IN P.	ART 1/a
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH NO []
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P	ART 2)
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUN	ITY STA
			of the deceased from		d that in (aur) apinion of DEGREE ATTENDING	, to	ite and haur and fro	, marcus (w
1		22d. PHYSICIAN'S NAME (TYPE	(1)	pre	PHYSICIAN [220. ADDRESS BYAHIME	DIRECTOR PHYSIC	Hese ITAL	2110/83
		BURIAL, CREMATION, REMOVA			emetery or crematory n Cemetery	23d LOCATION Baltimore	e Co., Md	STA
	_	INERAL DIRECTOR			The state of the s		THE RESERVE OF THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KL	OBTRAK							REG. NO.				
I. DECEA	SED NAME	FIRST		WIDDLE	ě	AST	20 DATE OF	DEATH MON	ITH D	AY YEA	R 2	h HOUR
THE ORP	MINITE .	ELSTE		N.I	CARN	IES		2	1	7 83	3	
1 SEX			RACE		S. DATE C	OF BIRTH	6. AGE (INY	EARS LAST BIRTHDA	Y) (Y	IF UNDER 1 Y	EAR	IF UNDER 24
Fee	nale	96.53	White		MONTH	20 11	71		M	ONTHS DA		HOURS
	PLACE (STATE O	R FOREIGN 7		WHAT COUNTRY?	8.		,	RE CITY OR CO	YRS.	OF DEATH	1	
COUN	(TRY)	1000				NEVER MARRIED	, DACTIMO	NE CITT OK C	501411	OI DEATI		
	ryland OR TOWN OF DE	EATH 1	USA 1 NAME OF	HOSPITAL NILIPSINI	WIDOWE	DR OTHER INSTITUTION	BALTM	ODE CIT	Y	1 201 1/0 1		
	IMORE C	ITY	I IF NOT IN SUC	TON MEMOR	DDRESS)			FOR MOST OF WO		INDUST		BUSINESS
UAL RI	ESIDENCE (IF NU	RSING HOME OF C	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		lie expres	DDDESS			317	
	rland	130 000141		Baltimor		YES A NO 1	1516	Cox St.	Bal	to.	212	11
	R'S NAME					15 MOTHER'S MAIDEN NA	1.					
	John		IODIE	Tase		Mattie		WIDDLE		Bos:	ley	
	DECEASED EVE		ED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRESS				
No			UN DISTES!	216-14-35	512	Mr. Al Carne	s 15	16 Cox	St.	212	11	
PAI	RT 2. OTHER SIC	GNIFICANT CO	ONDITIONS <u>Co</u>		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	PSY? 201	. IF YES,	WERE FIN	IDING	S USED
TIE							YES 🗌	NOT	YES	ING CAUS	5E5 ()	NO [
0.0	ACCIDENT WAS UP	CAUSE OF DEATH	1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN	TEM 18 PAR	RT I OR PART	2)	
_	INJURY OCCUP		21e PLACE	M. OF INJURY	19	21f LOCATION						
AV IA	ORK AT WE		(AT HOME STR	REET FACTORY, OFFICE, FA		STREET		CITY OR TOWN		COUNTY		STAT
	saw the decea above, (I) (we) SIGNATURE	sed alive an	EBRUAR	e deceased from 19 2 17 19 8 after death	7 <u>.3</u> , on	d that in (my) (aur) opinion of	, ta <i>FEE</i>	On the date of	nd hour	9 <u>83</u> and fram	the ca	uses state
	Carl	Sper	lengt	UD	/	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN				B 3
	PHYSICIAN'S N					22e ADDRESS	20					
	CARL S	PERLIN	6			201 E. UIVIVE	KSITY PI	tuy 13	BAUT	0. 2	-12	18
230 BURIA	AL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCA			COUNTY		STAT
Bu	rial		2/21/8	33 Mea	adowr	idge Mem. Pk.	Ba.	Ltimore		Md.		STA

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit. Then please remove carbompage with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

A. Alah Seitz, Jr. Funeral Homes 3818 Roland Ave. 3 1983

26 registrar's signature

10-

Bur St. 2/21/63 Wesdowridg, on Pk. Caltimore Miles

A. Alan Scius, Jr. Bummal Now Hold Bologu Are. 480 2 2 150 gr

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

transport to the state of the s lexter dermington methods rester 225-22-4501 Saren Gereington 1224 L. Lafayette Lvi 2/22/83 morters Step Deconsville Did. Order. .. How File 1900 Buthw Fl. . . FERRA BOS SKELS COMME

2	1.	CEKTIFICATE OF DEATH	
4 may be our, page 3 ofter death	(TYPE	LEASED NAME OR PRINT) SESSE ALEXANDER CARRINGTON 1. RACE 1. RACE 1. DATE OF DEATH MONTH DAY YEAR 15. HOUR DAY YEAR 1. DATE OF BIRTH 1. DAY YEAR 15. HOUR DAY YEAR 1. MONTH DAY YEAR 1. DATE OF DEATH DAY YEAR 1. D	
er death. Poge	No	RTHPLACE (STATE OR FOREIGN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORDED DIVORCED DIVORC	D.
hin 24 hours off	m	A PALLMONE 4619 Old F-rederick Kd APTA Kelired AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE THE NOW YES IN NO 130, ATTREPT ADDRESS 120 PROPERTY 130	-
b de Silvi	160 V	AFRANCE DELE CHYPINGTON BETTY AND NELSON NOT NOT INFORMANT ADDRESS DIZZ	4
uires that the death certificate bigned by the attending physicion on please remove carbanapapers, burial, cremation, ar removal.	7	18 CAUSE OF DEATH lenter only one cause per line for Id), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF couse foil, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	= =
on. has been to permit. ene prior	ERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 1	_
PHYSICIAN tending phy this certific he buriol-trand Mental trade or Item 1	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK NOT WHILE AL WORK NOT WHILE AL WORK 211. LOCATION STREET CITY OR TOWN COUNTY STATE	
OR ATTEN he hospital DIRECTOR: ocched for us Dept. of He If Item 21 is		saw the deceased of the state o	st
TO HOSPI Tetoined b TO FUNE should be with the Si	23a	VICTOR S. KOTH 700 Washington Blud 2/230	=
BP DHMH - 16 50M 4/82 (VRA 15 4)		Burial 3-1-83 maryland Not Com Laurel P.G. Co. Miles	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled iff by the tunner durestor, page should be detached for use as the buriol-transit permit. Then please remove carbonopopers. Pages I and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at the control of	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNESTOR: After this certificate has been signed by the attending physician and completely filled if by the intentior, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examiner must be notified.	TO STATE AND MENTAL HYGINE TO STATE AND ADDRESS OF THE PRODUCT OF

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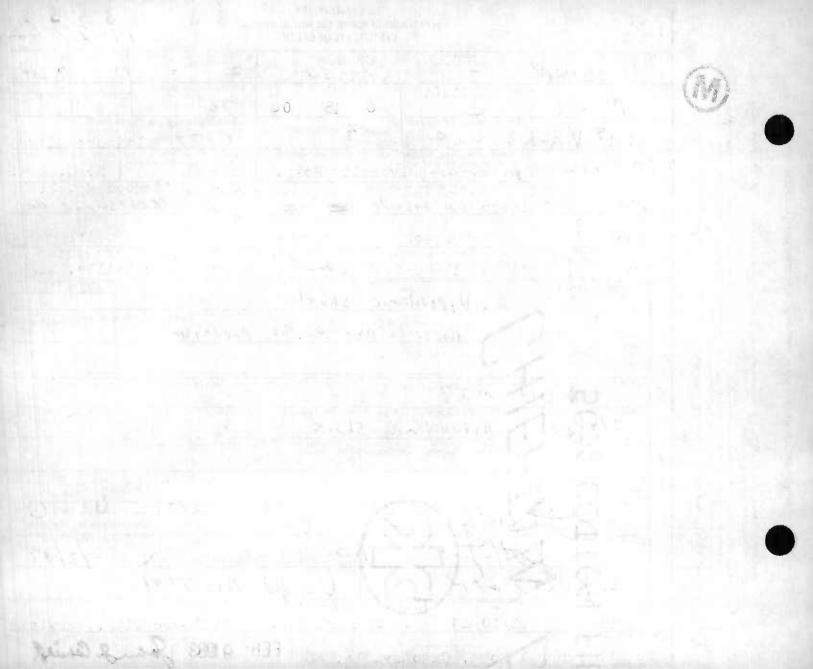
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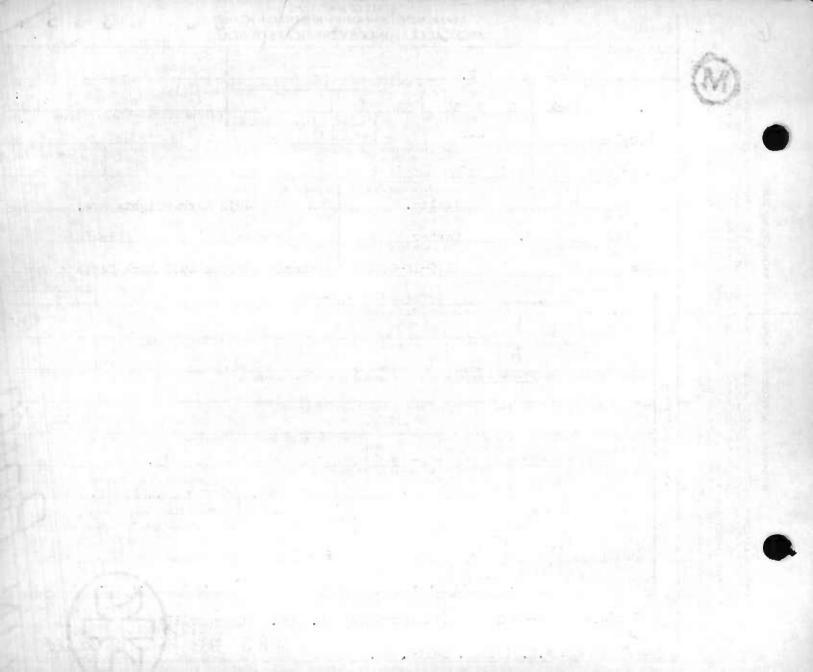
(VRA 15, 4)

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1		CEASED NAME	FRST		mptul .		A57	1000	2s. DATE OF DEATH		DAY	YEAR	Zh HOUR	
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9		MARYLAND	V099559.5	TIMORE	EVERTICAL CONTROL OF THE SAME	SVILLE	TO THE REAL PROPERTY.	0 50	6100 BUR		RO	AD, 2	21228	
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SC.	1	JESSIE		77.00	CLARK		MAR		7444				EBER	
2		WAS DECEASED EVE		RMED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMANT		AD	DRESS	100			
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7	CERTIFICATION		nmediate ing the se lost.	CONDITION SICE	wides	TO DEATH BUT	NOI RELATED TO	7.11	NAUDISEASE OR C	79b. IF Y	ES, WE	RE FINDIN		
5	ER	71s. ACCIDENT WAS IN	MOERLYING [HE HOW INJUI	RY OCCURR	ED (switte NATURE OF		-	CHEART TO		-
η		OR CONTRIBUTING		ALIE CONTRACTOR	M. MONTH	DAY YEAR								
	MEDICAL	THE INJURY OCCU		21e. PLACE	177		211 LOCATION		стуо	E10WH		COUNTY	STATE	
		77s I certify that (saw the dece- above, II) (we)	ged office or		11	D. F.	mana a secondario de la companio della companio del	n) opinion d	eoth occurred on th	i date and h	_ 19_ our and		that (I) (we) I couses stated	
0		22W SIGNATURE	Nas	X	WAL	W i		ENDING PSICIAN		TAFF SICIAN M		Zil DATE	GIS3	
1	3	THE PHYSICIAN S	NAME TIME	AM E	Jiffe.	Mo.	ST. AG			^				
		BURIAL CREMATION	PEROVAL	02-09-			EMETERY OR CRE	MATORY	BALTIM	RE CI	ry "	MAI	RYLAND	
1		UNERAL DIRECTOR NAME JBBARD FUN	IERAL	200	ADDRES		21229 NS AVE.	250. DATE	B 9 1983		ISTRAR Lu	S SIGNAT	ahelf	,

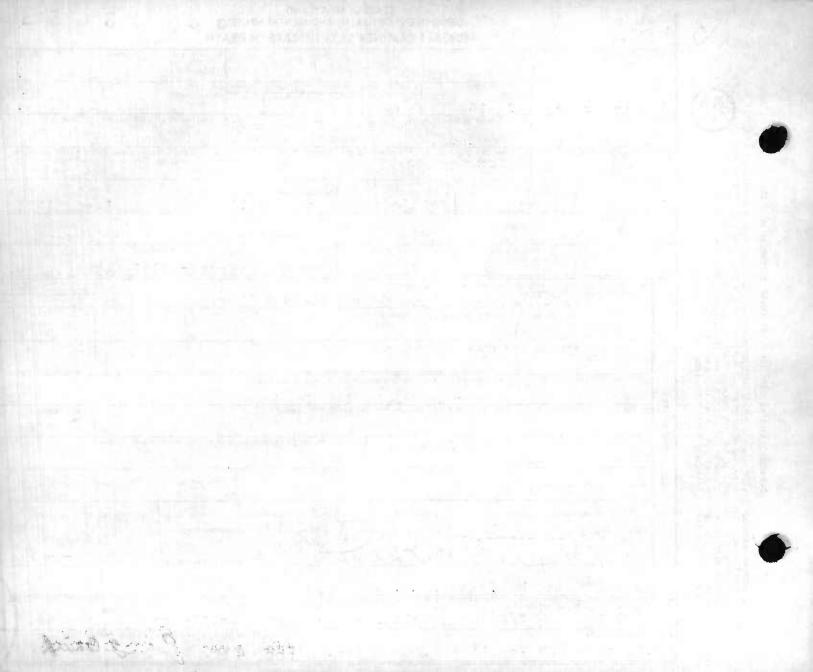
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8	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH CERTIFICATE	AND MENTAL HY	REG. NO	
of Po	(TYPE	CEASED NAME EDGAF	<u> </u>	CARSO		2 7	MONTH DAY YEAR 26 HOUR BIZTYM
The same of the sa	3. SE.	MALE	4 RACE CAUCASIAN	5. DATE OF BIRTH	8 06	6 AGE (IN YEARS LAST BIR	YRS.
deoth. P.	Vi	RTHPLACE (STATE OF FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	WIDOWED	VER MARRIED DIVORCED	CITY	Baltimore CityMD.
201 rs ofter filed iff	1	ALTIMOLE .	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MIÉM SS-Un:	iversity		120 USUAL OCCUPATION FOR MOST OF FOREMAN	B. G. & E.
AND 213	13a. S	.00 (1	SOTHER INSTITUTION GIVE RESIDENCE BEFORE TOWN 130. CITY OR TOWN SIMONE (ATOMS)	VIVE Y	NOX	1059	CRAFTSWOOD Rd. 21228
E. MARYLL		THER'S NAME ?	MIDDLE Carson		THER'S MAIDEN NA Vannie	å MIDDLE	Filler
MORE exec	16a. V	VAS DECEASED EVER IN U.S. AR res, no or unknown) (if yes, gi NO	MED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 212-05-	1.	ORMANT Mr.		103 Dorchester Rd atonsville, 21228
ON ST., BALTIN th certificate be nding physicion corbonpopers. f., or removol. natic event, the n		PART 1. DE ATH WAS CAUSE	TE CAUSE (o) NO POVO (emic St	isck		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PREST out the deal by the atte		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b)	LA Abe.	PORTIC	Aresnysm	
RDS, 201 equires th in signed I Then plec r to buriol injury, or i	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TER	minal disease or coni	DITION GIVEN IN PART I 10
VITAL RECORDS, IN: The low requir hysicion. itote has been sig ronsit permit. Ther I'lygiene prior to b 18 shows ony injun.	CERTIFICATION	190 DATE OF OPERATION	Hy PO Volen			200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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DIVISION ING PHY Tother this os the bu Ith and M orked or	MEDICAL	214 INJURY OCCURRED WHILE OF WHILE OF WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CATION	CITY OR TO	NN COUNTY STATE
NTTENDE spitol or CTOR: A for use of Heal		sow the deceared alive on obove, (1) (we) (did no	to rottended the deceosed from 19		(my) (our) ppinion	death occurred on the do	te and hour and fram the causes stated
Check the start of		22b. SIGNATURE	volter.	DEGREE N.O	ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL (reformed by the TO FUNERAL Is should be detoon with the Store Is IMPORTANT: If		S. KUR7	2 MAN		odress and	H13/17	(A)
BP		urial, cremation, removal Burial	, ,	udon Pa	ck Cem.	23d LOCATION CITY OR TOWN Baltimo	
DHMH - 16 50M 4/82 (VRA 15, 4)		ineral director acNabb Funera	al Home, Cator	nsville.	MD 250. DA	B 9 1983	John J. Cohuld





3	1-	FOR STATE REGISTRAR			S DEPARTMENT O DICAL EXAM	F HEALTH		NTAL HYGI	W	Q REG. NO.	3	5 5	5
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KN OF E		HINOM	DAY YEAR	26 HOUR
		E	ugeni	a	В.	Car	ter		DEATH M	ATED [2 1983	M
	3 SE		ack	5 DATE OF BIRTH MONTH DAY 2 28	YEAR LAST BIR	THDAY) MONT		HOURS MIN	PRONOUNCE DEAD			2 1983	9:54 a. M
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77		REIGN COUNTRY)		17 0	A	WIDOV	IED NEVE	DIVORCED [=	_			
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		AL RESIDENCE (IF IN NUR TATE	SING HOME OR		13c. CITY OR TOW		13d. INSIDE CITY		STREET ADDRESS				1750
1	$\overline{}$	ryland			Baltime	ore			747 Nor	toni	a Ro	ad 21	216
	14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'	S MAIDEN NA	ME	E		LAST	
6	P	Joe			Smith			ville			T	owson	1
	16a \	VAS DECEASED EVER I	N U.S. ARM	ED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS			
	(No	(" TES, GIVE W	AR UR DATES)	N/A		Samu	iel H.	Carter	3747	Nor	tonia	Rd.
			1 (Enter anly	one cause per line	far (a), (b), and (c).)						1	APPROXIMAT BETWEEN ONSE	TE INTERVAL
		Canditians, if a gave rise ta cause (a) stating lying cause last.	immediate the <u>under</u> -	(b)	AS A CONSEQUEN	CE OF							
	z	PART 2 OTNER SIGNIFICANT	CONDITIONS CO							911/4			
_	12	19a DATE OF OPERA	TION	Lish CONDIT	TON FOR WHICH O	PERATION V	AS PERFORME	TION FD?				2D AUTOPSY	12
	5												
	CAL CERTIFICATION	210. EXTERNAL CAUS UNDERLYING CONTRIBUTING C)R			EAR 21c H	OW INJURY O	CCURRED (EN	ITER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2	YES XX	но 🗌
	MEDICAL	21d INJURY OCCURR WHILE DOT V	WHILE	21e PLACE C STREET, FACT	OF INJURY (AT HOMI ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNT	Υ	STATE
		220. I certify that I death resulted from: ACTUAL SIGNATURE	Natura	of the remains des	Ardent D.	ouicide L	Hamicide TITLE (SPE	tant "	determined monn	er,	DATE SIGNED_	2 ~2 ~	83
L3		(TYPE OR PRINT)					ADDRESS						
	23a. B	URIAL, CREMATION, RE BURIAL	MOVAL 23	2/8/83	Balt:		Cemet		LOCATION CITY OR JOWN Baltimo	re	COUNTY	M	d.
		UNERAL DIRECTOR		AUUness	YO			o. DATE REC'D	. BY REGISTRAR	REGISTE	RAR'S SIG	NATURE	,
)	Wn	.C. March	F/H	Inc. 110	1 E. Nort	h Av	e. F	FR 4	1982	1. 1.00	. X. C	shelf	•



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 law with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumatic event, the

1 - STAT				NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 3	NO.	3 6	5	6
1. DECE ASE			HIDDLE		AST	2a. DATE OF DEATH			26 HOUR	
	Joh		ack)		rter	February		_	6:12	1 111
3. SEX Male		4. RACE White		S. DATE C	23, 1910 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MI				
BIRTHPL COUNTR	ACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
10. CITY OR	TOWN OF DEATH	11. NAME OF H		G HOME C	OR OTHER INSTITUTION	170 USUAL OCCUPA	TION	126. KIND OF INDUSTRY CULTLY	BUSINES	MD.
USUAL RES 130. STATE Mary	SNAME	vard	Ellicott	ADMISSION)	YES NO THER'S MAIDEN NAM				2104	3
late	Samuel Cart	MIDDLE	LAST		late Carr	rie Sands		LAST		
IAN WAS D	ECEASED EVER IN U.S. A OR UNKNOWN)	ARMED FORCES?	220 30 4		17. INFORMANT Mrs Letitia (RESS 393 Lomb	ardi D	R 21	043
gov cous unde	ditions, if any, which e rise to Immediate to (a), stating the erlying cause last.	DUE TO, OF	R AS A CONSEQUE neumon i a	NCE OF	s-insufficienc	Heart 1	Disease			
CERTIFICATION 210.	ATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDING NG CAUSES C	S USED OF DEATH	1?
	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF D ITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM TO PAR	T OR PART 2)		
Щ	NJURY OCCURRED E NOT WHILE AT WORK	210. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	211. LOCATION STREET	CITY OR	TOWN	COUNTY	514	ATE
22 a. l	certify that (IX this has ow the deceased alive a bave. A) (we) (did) (XIX) SIGNATURE	Pital) attended the Februal April view the body	e deceased from Fry 10 19 8 olfer death.		net that in (aur.) (aur.) apinion of the transfer of the control o	MEDICAL SI	dote and hour of	22c. DATES	100	e) lost ed
22d. P	HYSICIAN'S NAME (TYPE	E OR PRINT)		1	220. ADDRESS	_ J.m.c.iok Fills			- 10	24
	Karen Tren				c/o Maryland		ospital			
(SPECIFY	, CREMATION, REMOVA tombment				e Pk Mausoleu	23d. LOCATION CITY OR TOWN	Raltimo		ylan	ìď
	y H Witzke				25a. DATI	EREC'D. BY REGISTRA	AR 25b. REGISTRA	AR'S SIGNATU	RE This	4

DHMH - 16 50M 4/B2 (VRA 15, 4)

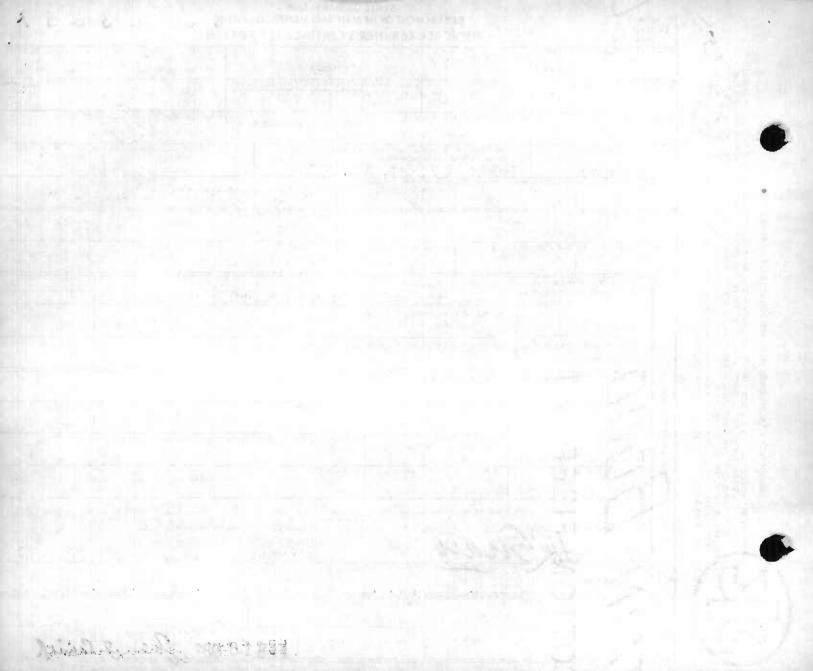
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d Ellis of Carl Arrenada .		N. (Jack)	
72	Oct 23, 1910	osia:	9 <u>1</u>
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cler Social Security	Terlmeak Tanan		equal of all
10993 Lombardt DRive 21943	ott City x	ovard milito	Maryiand
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Carter 10393 Lomberdi DR 2106	30 4724 Ins Latitus		o.
	Mal3 91		
cy-listory of Remaric ex-		ation .	
A mounded	75		

darry withde All2 Columbia Nd Ellicott City

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN XT (TYPE OR PRINT) V. ESTI-2/9/8310 Carter Percia DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 76 RTHDAY Black PRONOUNCED 06 Female 2/9/83 10 DEAD 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED X .C. USA DIVORCED Baltimore City WIDOWED ES 1, 2, AND 3 TO THE PARTS PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 600 Light Street, Apt. 136. COUNTY 13. SECONDEIGHT St. Ball imbre 13d INSIDE CITY LIMITS? 21230 NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME G WITH FORM PM 3 MIT. PAGES I AND 2 JE, DIVISION OF VIÑA Marmaduke MIDDLE MIDDLE Carrie All'en Carter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES NO. OR UNKNOWN) 337-34-4141 Mabel Matthews 4400 Forest Park Ave CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D JRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO, BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STANGME, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 2/10/83 Assistant SIGNATURE EXAMINER'S NAME Penn St., Balto., Md. 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE COUNTY Cremation 2/12/83 Baltimore Westview Mem. Co MD BP 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H 1º101 E. North Ave. FFR16 (VR A15 ME (5)

20M 4/82



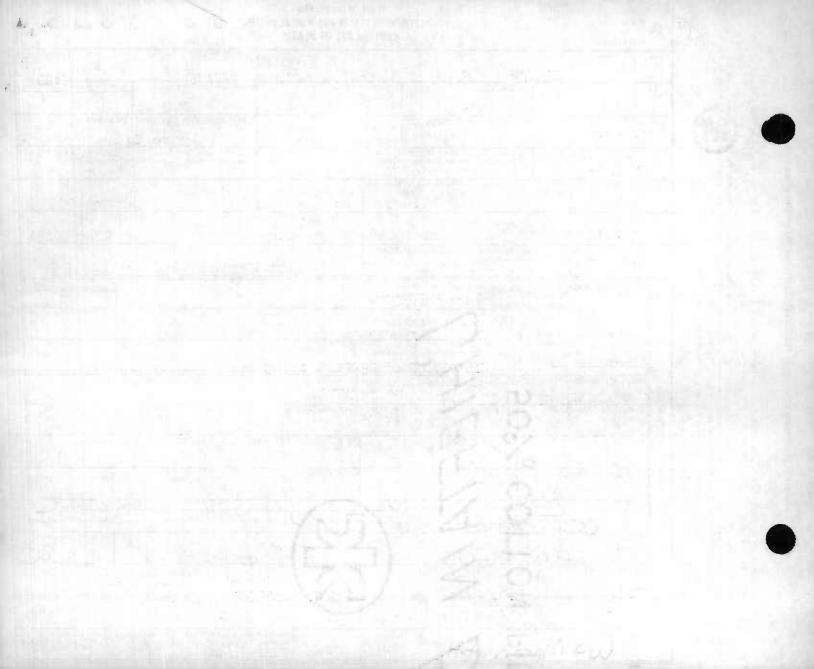
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3	3 6 5 8
	1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
1	WILL	IAM F.	CARTER JR	2/3/83	7.20 M
ı	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR & UNDER 24 HRS
1	male	Black	2 21 31		MONTHS DATS HOURS MIN.
	79 BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED T NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1	Maryland	U.S.A.	WIDOWED DIVORCED		ity, MD.
I	NO. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
2	Baltimore	Church Home	Hospital	(TYPE OF WORK FOR MOST OF WORKING LII	FE) INDUSTRY
	USUAL RESIDENCE (# NURSING HOME OF 130. STATE 136 COUR Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOV Balti	More YES NO	1204 Homewoo	d Ave.21202
	William	F. Carte	r, Sr. Marga	WIDDLE	Blackwell
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	
	(YES NO OR UNKNOWN) (IF YES, GI	212-24	-2225 Margare	et Carter 1204 He	
1	18. CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), a ED BY:	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIA	TE CAUSE (CARDTOPUL M	MONARY ARREST		
ı	1500	DUE TO, OR AS A CONSEOU	JENCE OF		
1	Conditions, if any, which	(bVFNTRICULA	R FIBRILLATION		
ı	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
	underlying couse lost.	(CHISTORY OF	DIABETES MELLIT	211	
1				TERMINAL DISEASE OR CONDITION GIV	EN IN PART 110
	ABDOMINAL DIS	STENSION ETIOLO	GY UNKNOWN		
1	M 190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	WERE FINDINGS USED TYPING CAUSES OF DEATH?
	HII LINE			YES NOW YE	S NO
1	00.00.00.00.00.00		DAY YEAR 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER	AIR	19		
١	OR CONTRIBUTING CAUSE OF DE.	216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
١	AT WORK NOT WHILE AT WORK	The state of the s	, I min bis j	AND STREET, ST	
		ital attended the deceased from,		83	19_83, that ((we) lost
	sow the decresed alive on above, (I ((www.did))(did no	19	_83_, and that in (my (our) op	inion death accurred on the date and hou	r and from the causes stated
1	226 SIGNATURE		DEGREE		22c. DATE SIGNED
1	T. Kali	of a	ATTENDI PHYSICI	NG MEDICAL STAFF	2.3.83
7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	228 ADDRESS	URCH HOSPITAL CORPO	RATION
	TINA KAWAJA	M D	100 N DD	DADUAY DALTO MO	RATION
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATO		COUNTY STATE
	(SPBURIAL	2/9/83	Cedar Hill Cen	d'l'énburnie	Md.
	24 FUNERAL DIRECTOR	ADDRESS	250	DATE REC'D. BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
	WO MA	rech +.H.110	1 E. NorthAve F	FR 41883	- Comeral

DHMH - 16 50M 4/B2 (VRA 15, 4)

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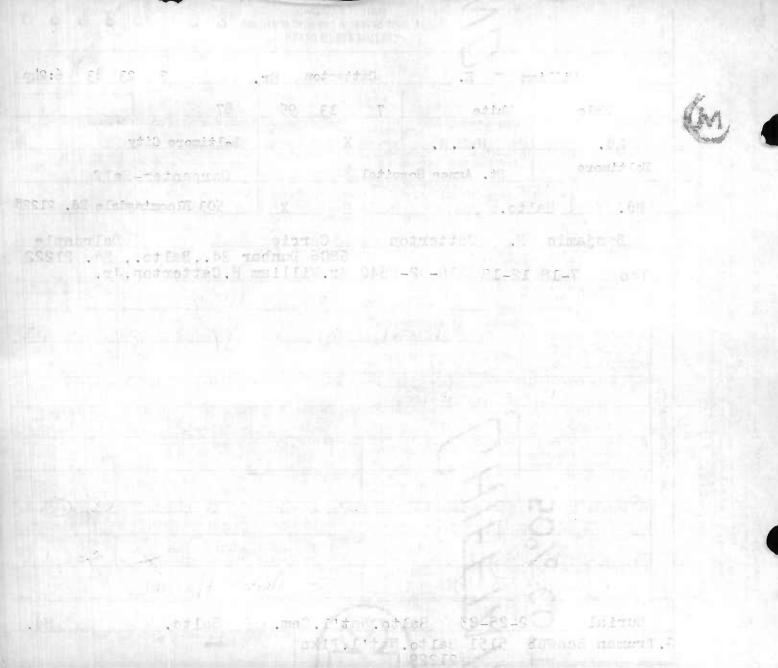
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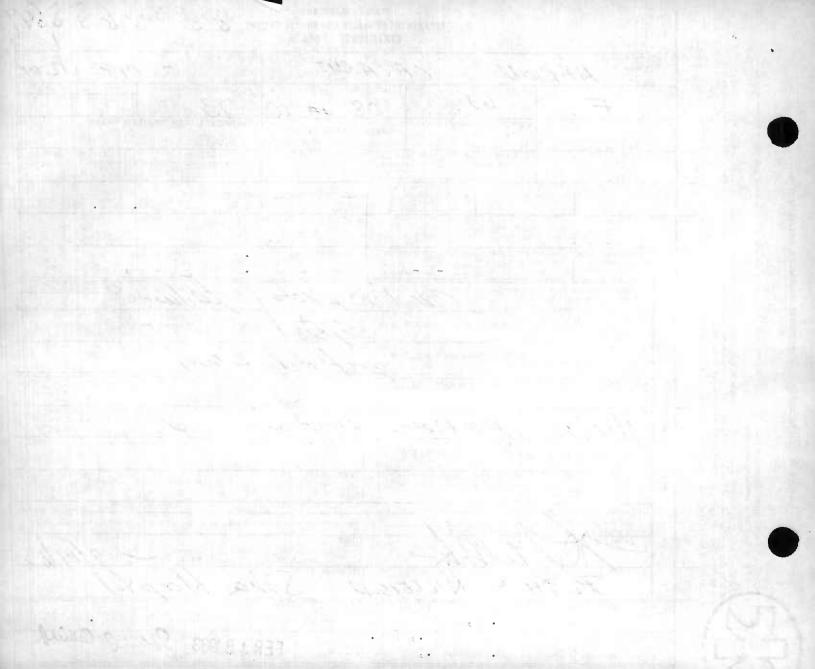
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S. C. Carrier Consp. 22 M. Kent of Attribut	MC - CALLS THE	
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(VRA 15, 4)



I completely filled in by the funetal director, page 3 set 1 and 2 should be filled — this 72 hours after direct 1 and 2 should be filled — this 72 hours after direct 1 and 2 should be filled — this 72 hours after direct	SEX EMALE SURTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOME OF DEATH MARYLAND FATHER'S NAME FIRST ISAAC 1. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	4. RACE The CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GWE STREET SINAI HOS OF OTHER INSTITUTION GIVE RESIDENCE BEG	MARRIED WIDOWED TO CET ADDRESS SPITAL SPEADMISSION) WN 136 YORE 136	BIRTH O 8 PART YEAR NEVER MARRIED DIVORCED OTHER INSTITUTION	20. DATE OF DEATH MONTH C. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) 7. YRS 9. BALTIMORE C. 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE) 136. STREET ADDRESS	ITY	MOF BUSINESS OF
Je 6 10. C 130. C 130. C 14. F 160. C 150. C 160. C	EMALE SIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOME OF DEATH MARYLAND FATHER'S NAME FIRST I SAAC 1. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	HITE 7b. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET SINAI HOS OF OTHER INSTITUTION, GIVE RESIDENCE BECK NTY 13c. CITY OR TO' BALTIN MIDDLE LAST	MARRIED WIDOWED TO CET ADDRESS SPITAL SPEADMISSION) WN 136 YORE 136	NEVER MARRIED DOTHER INSTITUTION	9. BALTIMORE C. 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE 116. STREET ADDRESS	MONTHS DAYS S. ITY OF DEATH ITY 12b. KIND G LIFE INDUSTRY	MOF BUSINESS OF
10. C 13. C 13. C 13. C 15. C	MARYLAND CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOME O B. STATE MARYLAND FATHER'S NAME FIRST ISAAC WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SINAI HOS ROTHER INSTITUTION, GIVE RESIDENCE BEFORM INTY 13c. CITY OR TO' BALTIN MIDDLE LAST	MARRIED L WIDOWEDE ING HOME OR OF ET ADDRESS) SPITAL DRE ADMISSION) WN 138 MORE Y	DIVORCED DITHER INSTITUTION	BALTIMORE C. 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE 138. STREET ADDRESS	ITY 12b. KIND G UFE INDUSTRY	OF BUSINESS O
130. 130. 14 F	BALTIMORE SUAL RESIDENCE (IP NURSING HOME O 0. STATE MARYLAND FATHER'S NAME FIRST ISAAC 1. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	(IF NOT IN SUCH FACILITY, GIVE STREIL SINAI HOS OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM INTY BALTIN MIDDLE LAST	SPITAL SPEADMISSION) WN MORE Y	Id. INSIDE CITY LIMITS?	HOUSEWIFE	GUFE) INDUSTRY	1
130. 14 F	MARYLAND FATHER'S NAME FIRST ISAAC WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (18 YES,	MIDDLE LAST	MORE 130		13e STREET ADDRESS		
3600 Dippem a 160.	FIRST ISAAC D. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	MIDDLE LAST			6960 MARSUE DI	R. APT.	1C #212
0	(YES, NO OR UNKNOWN) (IF YES, G		RR	S. MOTHER'S MAIDEN NAM FANNIE	MIDDLE	UNKNOWN	51
	NO	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 216-12-		HUNTFIELD C	S. BARBARAESWE T. OWINGS MIL	LS, MD	21117
Then please remains to burial, cremation injury, or other tro		DUE TO, OR AS A CONSEOL	De	DT RELATED TO THE TERMIN	Sowe/	GIVEN IN PART 1	(0)
trial-tronsit permit. The ental Hygiene prior to them 18 shows any injury them 18 shows any inju	OR CONTRIBUTION TO CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR 19	A LIBERTICAL	YES NO NO	YES, WERE FIND RTIFYING CAUSE YES TEPART 1 OR PART 2)	INGS USED S OF DEATH?
os the burger lith and Mental norked or frem	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	II. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Jid be detached for use the State Dept. of Hea ORTANT: If Hem 21 is n	taw the deceased give a above, (II) (we) (did not be seen a seen	Tellette	DEC	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from th	that (I) (we) II e causes stated
should be dewith the State	THE PHYSICIANS NAME THE		5150N	20. ADDRESS	iai Hosp	1/2/	
23e.	e. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	FEB.16,1983 LEVINSON & BROS.	LUBAWITZ		ROSEDALE REC'D BY REGISTRAR 26 REG	BATTO.	MD ^{rte}



P

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

DIVORCED

NO [

IS MOTHER'S MAIDEN NAME

RUTH

13d. INSIDE CITY LIMITS?

YES TO

17 INFORMANT

REG. NO LAST 2a. DATE OF DEATH MONTH DAY YEAR 2h HOUR CHAFFMAN 03 83 02 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR 60

9. BALTIMORE CITY OR COUNTY OF DEATH

2055 HARMAN AVENUE, 21230

Baltimore City

LTYPE OF WORK FOR MOST OF WORKING LIFE!

MIDDLE

ADDRESS

12e USUAL OCCUPATION

ASSEMBLYMAN

13e STREET ADDRESS

200 AUTOPSY?

NOF

and that in (my) (our) apinion death accurred an the date and hour and from the causes stated

L DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) .TAMES DEWITT 3 SEX 4. RACE 05 27 22 WHITE MALE

Ta. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED

U.S.A. MARYLAND IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BALTIMORE

2055 HARMAN AVENUE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN

IMMEDIATE CAUSE (a)

220.1 certify that (1) (this haspital) attended the deceased from...

abave, (1) (we) (did) (did nat) view the bady-ofter death

136 COUNTY MARYLAND

PART I DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (a), stating

underlying cause

190 DATE OF OPERATION

21d. INJURY OCCURRED

226 SIGNATURE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive on

NOT WHILE

FOR - STATE REGISTRAR

14. FATHER'S NAME

JAMES

IYES NO OR UNKNOWN

YES

MIDDLE H.

CHAFFMAN Ide WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. I IF YES, GIVE WAR OR DATES)

WW II

216. TIME OF INJURY

P.M.

21s PLACE OF INJURY

8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (

LORRAINE CHAFFMAN 2055 HARMAN AVENUE, 21230 214-14-7356

BALTIMORE

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR

19

211 LOCATION

CITY OR TOWN

COUNTY

20h. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

NO F

12h, KIND OF BUSINESS OR

GENERAL MOTORS

INDUSTRY

LOWRY

22d PHYSICIAN'S NAME (TYPE OR PRINT)

CERTIFICATION

80

10

IMPORTANT: should be with the St

RAYMOND BAHR. 23g. BURIAL, CREMATION, REMOVAL 23b. DATE

WILKENS AND PINE HEIGHTS AVENUES, 21229 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CEDAR HILL

BROOKLYN PK. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S

MARYLAND

22c. DATE SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

02-07-83

DEGREE

21229

BURIAL

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE.

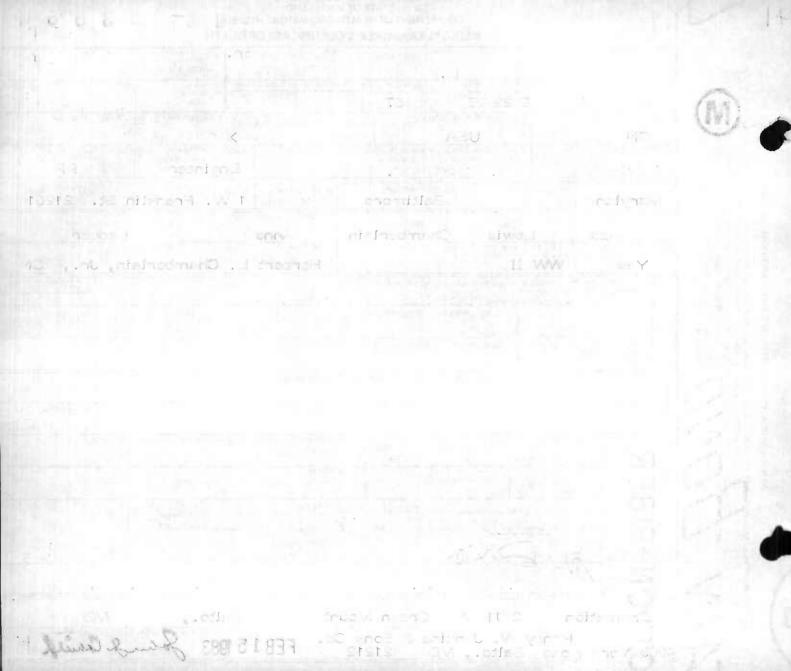
PHYSICIAN DIRECTOR PHYSICIAN

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ME TOOK WALLE ZOOF THE		SEPT-RE-ENGINEER		
	3 / 19			

/	1-	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3	0 3	0 6
1	1 DE	REGISTRAR CEASED NAME FIRST	WIODLE	LAST	REG. N	O. MONTH DAY YEA	AR 2b HOUR
1		OR PRINT)			ZO. DATE OF DEATH		
1/2	3. SE		A. RACE	CHAMBERS 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	2 24 83	
1	J. JE	Female	Black	3 PDAY OF	77	MONTHS 0	DAYS HOURS N
2	In BI	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 /	- 9 BALTIMORE CITY O	R COUNTY OF DEAT	н
30		vrad Co. Md.	USA	MARRIED NEVER MARRIED		<u> </u>	
DO	10. CI	TY OR TOWN OF DEATH Timore		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		ND OF BUSINESS
See Leville	USUA 130, S	AL RESIDENCE (IF NURSING HOME OR TATE 138 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	AGMISSION)	37 N. Bern	ice Ave.	2122
Cominer		THER'S NAME	MIDDLE COOK LAST	15. MOTHER'S MAIDEN Sarah	NAME	CLAS!	LAST
medicol		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU		ADDR		
e He		No No		Rosa Lee Bo	oles-37 N. Be	rnice Ave.	21229 PROXIMATE INTERVA
iws any injury, ar other traumatic	IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T		TE EUDONET		DITION GIVEN IN PAR 206. IF YES, WERE FII IN CERTIFY ING CAL	NDINGS USED
18 sho	CERT	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA			CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	27 2)
9	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY COLURNED		19 211 LOCATION STREET	CITY OR TO	OWN COUNT	TY STA
is marked			tal attached the decrased from 19	and that in (my (out) spir	nion death occurred on the d	ote and hour and from	that (w
MPORTANT: If hem 21 is		22M PHYSICIAN'S NAME (1991)	ALA	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAN DIRECTOR PHYSIC	FF of	SATE SIGNED

Tries with The . was pinded of office. Wherefore the first him are the first Part Siles Buch Ruck Carante Man

THAT			FOR		ı	EPART	STAT MENT OF I		ARYLAN		YGIENE	3-	a	3 (5 6	4
10.			STATE REGISTRAR				EXAMIN				~	н "	EG. NO.			
		1 DEC	CEASED NAME	FIRST		MIDDLE			LAST		Sr. 20	DATE KNOW	WN MON	NTH DAY	YEAR	26. HOUR
	Mange.	(TYP)	E OR PRINT)	HERB	ERT	1		C	HAMBER	RLAIN		OF EST	ED & 2	5	1983	M
	ASESE.	3. SEX	(4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		IF UNDER		DATE	MON	ITH DAY		24 HOUR 4:45
			M	W	2/22/25	7600	57 YR		AS DAYS	HOURS	MIN PR	ONOUNCED DEAD	2	7	1983	#:45 p M
-	MAN	70.04 FO	RTHPLACE (ST	ATE OR	75 CITIZEN OF WH	IAT COUN	TRY?	8 MARRI	ED NEV	ER MARRIE	ED 🗆 🦻	BALTIMORE	CITY OR CO	UNITY OF	DEATH	100
-	WAS A	9	CN		US			WIDOW		DIVORCE		Baltimo			a. 1	I MD.
	2 E E E E E E E E E E E E E E E E E E E	10. CT	TY OR TOWN	OF DEATH	11. NAME OF HOS	CILITY, GIVE S	REET ADDRESS)	, OR OTH	ER INSTITUT	ION	FOR MO	L OCCUPATIO ST OF WORKING LII		DRK 12b. K	OR INDUSTR	SINESS
	DAR POELA		Baltimo		1 W. Fra	nkli	n St.	No. 11			Eng	gineer			RR	
21201	H ANY C AND 3 SHOULD PECONI	13a. S	TATE Marylar	136 COUN		13c. CITY	or town Itimor		13d. INSIDE CIT YES 🔀	NO 🗆	13e STREE	· Frai	nklin	St.	2120	01
MD		14. FA	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME	MIDDLE			LAST .	
NE.	AND	/	As		Lewis	Cha	mberl			Anne			L	edge	r	
IIWC	AFTER SIVE PA H. FOR AGES 1	16a. V	ES, NO, OR UNKNO		WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	17. INFORM				DRESS			-
BAL	S AF GIVI		Yes	WM					Her	bert	L.	Chambe	erlain			CN.
ST.,	MAIT.	1	PART I DE	ATH WALLE	D BY:			LI		1:				BET	APPROXIMATE TWEEN ONSET	AND DEATH
NO	11EA 11EA 11ON 11ON 12ER		30	30 IMMEDIA	TE CAUSE (a) ALC		ISM WIT		izure	diso	raer					
RES	ER A INSII REMO			ns, if any, which												
×.	ANIN MININ OR B		cause (a)	se to immediate stating the <u>under</u>	< 1,1	AS A CON	SEQUENCE C)F								
201	EXA EXA ON,		lying cau	se last.	(c)											
CORDS	HOULD BE EXECUTED WITHIN 24 HOURS AFTER EATH RRD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES I CHIEF MEDICAL EXAMINER ALONG WITH FORM PM EXED AS A BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, DIVISION OF MITHAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	TEO TO THE TERM	NAL OISEASI	OR CONDITION	GIVEN IN PAR	T 1 (a)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	SHOULD ORD "PEI CHIEF M SE USED A IT OF HEA SURIAL, C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORA	AED?				20	EAD C	NLY
) P V	TES WOO HE OBL	CERT		L CAUSE WAS	21b. TIME OF		DAY YEAR		OW INJURY	OCCURRED	ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)		
NO	SHOOM S	CAL	UNDERLYING CONTRIBUTION	OR CAUSE OF		MONTH	I9									-
VISION N	CERTIFICATE TING THE WAS SED TO THE SAHOULD FOR PARTIMENT OF PRIOR TO FOR TO FOR THE SAHOULD F	MEDICAL	21d. INJURY C		21e PLACE C	OF INJURY	(AT HOME,		CATION			ITY OR TOWN		COUNTY		STATE
ā	WRI WARE NARE PAGE 1200	_	AT WORK	NOT WHILE [
	ATE, TATE, TORN				ge of the remains desc	ribed aba	ve, held an	Head	AN PLY	Inspection		Inquiry .	and in m	y apinian		
	MIN BE B FTA		death result	ed fram: Natu	ral causes X	Accident	, Sui	cide	, Hamici	de .	Undeterr	nined manner				
	WAR WAR		ACTUAL		CAN				TITLE (SP	The second second			DA	ATE:		-
	SHO SHO WEEL SHOW		SIGNATURE.	MA	DVX!	1		M	D Ass	istan	MEDIC	AL EXAMINER	SK	GNED.	2-8-	-83
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		EXAMINER'S ETYPE OR PRE	No / VIII	n M. 61xor	4			ADDRESS_		The second second	St., Ba	ilto.,	Md.	21201	
	BP	23a. BI	URIAL, CREMA PECIFY) Cremi	ation	2/11/83		ame of CEA Breen			RY	23d. LOC. Спу ов Ва 1	to.,		COUNTY	ST	ATE
	DHMH - 17	24. FI	UNERAL DIRECT	TOR Henr	y W. Wei	nkins	& So	ns (Co. 2	Sa. DATE R	EC'D. BY RI	GISTRAR	REGISTRAR	S'S SIGNA	TURF	
	(VR A15 ME (5)) 20M 4/82	49	05 Yor	k Road	Balto.,	MD		212		יבטי	1019	33	and	3- 64	mey	1
	20111 97 02									1						



	100	tems 13a-e per	phone 3/11/83	MENT OF HEALTH AND MENTAL	HYGIENE 8 3	3 6 6 5
		REGISTRAR ECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
0 th 3		E OR PRINTI	rale (Chaney		28 83 920 PM
er dep	3. S		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs off		Female	Caucasian	2 28 83	YRS.	MONTHS DAYS HOURS MIN.
72 hou	Ja. 1	SIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED □ NEVER MARRIED		100
within within	10.0	Mary land	U.S. H.	WIDOWED DIVORCED		126 KIND OF BUSINESS OR
10 / Jed	3 1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKING	
9	USI 130		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	8444	Bay Drive
3	5		T-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A		138. STREET ADDRESS	21122
Cilling	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	NNAME	£AST
の記	4	Wayne	Chancy	Elizabet	ADDRESS	ddings
nedico			GIVE WAR OR DATES)	7		Passadena, MD.
9	\ =	NO	None	1100011	OTT Gad Drive	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
noval.		PART I. DEATH WAS CAUS	anly one cause per line far (a), (b), o SED BY: ATE CAUSE (a) <u>Cardio</u>	- Respiratory	arrest	BETWEEN ONSET AND DEATH
or re		7597 IMMEDI	DUE TO, OR AS A CONSECU			
mation, r troumo		Conditions, if any, which	6 4 1 1	e Congenital	Onomalies	2 hours 57m
her tr		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	JENCE OF		
or of			((c)			
to bur	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART ITO
prior any ir	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20e. AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED I IFYING CAUSES OF DEATH?
shows		Park Days			YES NO	YES NO 1
I 8	4	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH		CCURRED (ENTER NATURE OF INJURY IN ITEM IS	B PART 1 OR PART 2)
Mental or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19 21f. LOCATION		
pue	MEC	WHILE TO NOT WHILE TO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
mork			pital) attended the deceased from	February 28 , 19	13 10 February 2F	_, 19
of He 21 is			an Feb: 25 19.	eth eth	inion death accurred on the date and h	
ept.		22b. SIGNATURE	natiview the bady after death.	DEGREE		22c. DATE SIGNED
ofe Do		Honned of	teres pop	ATTENDI PHYSICI	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	3/1/83
should be deta with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (OF		220 ADDRESS	D Hard When	1 0 1
APO A		7 70.0111.0	FINER MD	University	of Mongrand May. 2.	2 So. greene St Balk
~ > >	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	COUNTY STATE
	2.6	Removal UNERAL DIRECTOR	3/3/83	125	a. DATE REC'D. BY REGISTRAR 251 18 GI	STRAP'S SIGNATURE
M 4/B2	24	Anatomy	Board	Balto., Md.	MAR 9 1983	and Cabrell
7)		Alla colly	Dourd	Durco., Inc.	1711 111 0 1000	

many this chief the Carlo State of Tang each angular MAPICE SOLD STEEL STEEL STEEL STEEL STEEL & CANCER & CANCER &

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

1 DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

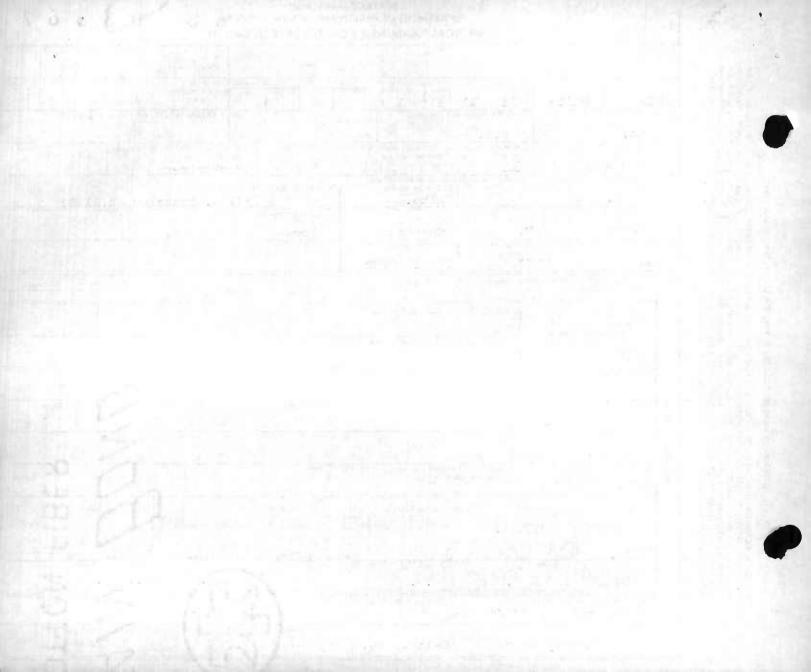
CERTIFICATE OF DEATH

LAST

REG. NO.

William of Carles III age in a summit

	FOR			DEPARTMENT OF HEALT	LI WIAD WEIALWEL		US	0 0	
/ / ,	- STATE REGISTRAR		ME	DICAL EXAMINER'S	CERTIFICATE C	F DEATH REG. I	NO.		
	ECEASED NAM	ME FIRST		MIDDLE	LAST	20. DATE KNOWN	-	DAY YEAR	26 HOL
	YPE OR PRINT)	HARRY			CHARLTON	OF ESTI- DEATH MATED		5 19 83	
3. S	EX	4 RACE	5. DATE OF BIRTH	4. AGE (F) YEARS IF U	NIDER I YR. IF UNDER		MONTH	2	6:48
N	fale	White	MONTH DAY	1 21 61 YRS.	ME DATS HOURS	MIN PRONOUNCED DEAD	2 2		
	BIRTHPLACE (76 CITIZEN OF WI	HAT COUNTRYS		O BAITIMODE CITY	OR COUNTY	5 1983 OF DEATH	I.P.
1	FOREIGN COUNTRY		100	MAR	RIED NEVER MARR	IED U			
10.	CITY OR TOWN	OF DEATH	U.S.	SPITAL, NURSING HOME, OR OT		120 USUAL OCCUPATION (T	YPE OF WORK 12	h KIND OF BUS	SINESS
4			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	THE OF THE OWN	OR INDUSTRY	
USI	Baltim			ours Hospital		Truckdriver			
130	STATE	13b. COUN		13c. CITY OR TOWN	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
7	Md.			Balto.	YES NO	347 S. Bental	ou St.	21223	
ål.	FATHER'S NAM		MIDDLE	LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE		LAST	
76.	Harry		W.	Charleton	Emma	E.			1.00
160.	WAS DECEAS (YES. NO, OR UNKN	ED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	SS		
,	Yes		VII	218-12-8742			- 6.5	CO-COL T	
	18. CAUSE	OF DEATH (Enter on	ly one couse per line	for (o), (b), and (c).)				APPROXIMATE IN	NTERVA
70	PARTIC	DEATH WAS CAUSED		Cirrhosis of th	ne liver			BETWEEN ONSET A	NIVO DE P
1	5	71 MMEDIAI	IE CAUSE (0)	AS A CONSEQUENCE OF	, , , , , , , , , , , , , , , , , , , ,				
	Conditi	ons, if ony, which	DUE TO, OK	AS A CONSEQUENCE OF					
		rise to immediate	(b)						
		o) stoting the under-	DUE TO, OR	AS A CONSEQUENCE OF					
CATION	lying co	ouse lost.	(c)				1.126		
	PART 2 OTNER	SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TERMINAL DISE	ISE OR CONDITION GIVEN IN PA	RT 1 (a).			
Z	10.75								
ΗĚ	19a. DATE C	F OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?	2000 100		20 AUTOPSY?	
CERTIFICATION							1	PARTIAL	
1-1 5									
833	21a EXTERN	VAL CAUSE WAS	21b. TIME OF	FINJURY 121, 1	HOW INTURY OCCURRE	D TENTER NATURE OF IN HIRY IN ITEM		YES K	NO L
			21b. TIME OF HOUR A.M	MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER MATURE OF INJURY IN ITEM		YES K	NO L
		IG OR	HOUR A.M	A. MONTH DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM)		YES K	NO L
	CONTRIBUT	G OR CAUSE OF D	HOUR A.M DEATH P.M 21e PLACE (STREET, FAC	A. MONTH DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM)		YES K	
MEDICALCE		G OR CAUSE OF D	HOUR A.M DEATH P.M 21e PLACE (STREET, FAC	A. MONTH DAY YEAR 1. 19 OF INJURY (ATHOME, 211 LE	OCATION STREET		8 PART 1 OR PART 2	YES K	
	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	IG OR TING CAUSE OF E OCCURRED NOT WHILE AT WORK	HOUR A.M DEATH P.M 21e PLACE (STREET, FAC	M. MONTH DAY YEAR 19 OF INJURY (ATHOME, 711 LI TORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	18 PART 1 OR PART 2	YES KJ	
	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	IG OR TING CAUSE OF E OCCURRED NOT WHILE AT WORK tify that I took charg	HOUR A.M P.M 21e PLACE STREET, FAC	M. MONTH DAY YEAR 19 211 Li TORY, FARM, ETC.) Scribed obove, held on Auto	OCATION STREET	CITY OR TOWN	8 PART 1 OR PART 2	YES KJ	
	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	IG OR TING CAUSE OF E OCCURRED NOT WHILE AT WORK tify that I took charg	HOUR A.M DEATH P.M 21e PLACE (STREET, FAC	M. MONTH DAY YEAR 19 OF INJURY (ATHOME, 711 LI TORY, FARM, ETC.)	OCATION STREET psy Inspectio	CITY OR TOWN	18 PART 1 OR PART 2	YES KJ	
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	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK Tify that I took charg	HOUR A.M P.M 21e PLACE STREET, FAC	A. MONTH DAY YEAR 19 211 Li TORY, FARM, ETC.) Accident , Suicide Suicide	OCATION STREET PSY Inspectio Inspectio TITLE (SPECIFY)	CITY OR TOWN	18 PART 1 OR PART 2	YES KJ	STATE
WEDICAL CE	UNDERLYIN CONTRIBUT 214 INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATURE	OCCURRED OCCURRED OCCURRED ONOT WHILE AT WORK tify that I took charg	DEATH P.M. 21e PLACE C. STREET, FAC. ge of the remains des	A. MONTH DAY YEAR 19 OF INJURY (AT HOME, TORY, FARM, ETC.) Scribed obove, held on Auto Accident , Suicide	DOCATION STREET PSY Inspectio Homicide TITLE (SPECIFY) M.D. Assistan	CITY OR TOWN In	COUNT ON PART 2	YES K.J	STATE
	21d INJURY WHILE AT WORK 22d I cer death resu	OCCURRED NOT WHILE AT WORK tify that I took charg Ited from: Natur	HOUR A.M P.M 21e PLACE STREET, FAC	A. MONTH DAY YEAR 19 OF INJURY (AT HOME, TORY, FARM, ETC.) Scribed obove, held on Auto Accident , Suicide	DOCATION STREET PSY Inspectio Homicide TITLE (SPECIFY) M.D. Assistan	CITY OR TOWN In , Inquiry , o	COUNT ON PART 2	YES K.J	STATE
3 NO 10 NO 1	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATURE EXAMINER: (TYPE OR PR	OCCURRED NOT WHILE AT WORK tify that I took charg Ited from: Natur	HOUR A.M P.M 21e PLACE of STREET, FACT pe of the remains des rol couses X, In M. Dixo	A. MONTH DAY YEAR 19 OF INJURY (AT HOME, TORY, FARM, ETC.) Scribed obove, held on Auto Accident , Suicide	OCATION STREET Inspectio Homicide TITLE (SPECIFY) M.D. ASSISTAN ADDRESS.	CITY OR TOWN In	COUNT COUNT DATE SIGNED.	YES K	STATE
S webical	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 27a Leer death resu ACTUAL SIGNATURE EXAMINER: (TYPE OR PR	OCCURRED NOT WHILE AT WORK tify that I took charg Ited from: Natur S NAME AN	HOUR A.M P.M 21e PLACE of STREET, FACT pe of the remains des rol couses X, In M. Dixo	A. MONTH DAY YEAR 19 OF INJURY (ATHOME, TORY, FARM, ETC.) Scribed obove, held on Auto Accident . Suicide	OCATION STREET Inspectio Homicide TITLE (SPECIFY) M.D. ASSISTAN ADDRESS.	CITY OR TOWN In	COUNT ON PART 2	YES K	STATE
2 230	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22d Leer death resu ACTUAL SIGNATURE EXAMINER: (TYPE OR PR BURIAL, CREM (SPECIFY) Re FUNERAL DIRE	OCCURRED NOT WHILE AT WORK tify that I took charg lited from: Natur S NAME ANITY ATION, REMOVAL 2	HOUR A.M P.M 21e PLACE of STREET, FAC 21e of the remains des rol couses X, 11 M. Dixo 13b. DATE	A. MONTH DAY YEAR 19 OF INJURY (ATHOME, TORY, FARM, ETC.) Scribed obove, held on Auto Accident . Suicide	DOCATION STREET PSY Inspectio Inspectio Inspectio Inspectio ITITLE (SPECIFY) M.D. ASSISTAN ADDRESS OR CREMATORY	CITY OR TOWN In	COUNTY	YES KJ	STATE
2 230	UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a Lee death resu ACTUAL SIGNATURE EXAMINER: (TYPE OR PR BURIAL, CREM (SPECIFY) Re	OCCURRED NOT WHILE AT WORK tify that I took charg lited from: Natur S NAME ANITY ATION, REMOVAL 2	HOUR A.M P.M 21e PLACE C STREET, FAC ge of the remains des rol couses X, In M. Dixo 23b. DATE 3/8/83	A. MONTH DAY YEAR 19 OF INJURY (ATHOME, TORY, FARM, ETC.) Scribed obove, held on Auto Accident . Suicide	DOCATION STREET PSY Inspectio Inspectio Inspectio Inspectio ITITLE (SPECIFY) M.D. ASSISTAN ADDRESS OR CREMATORY	t_MEDICAL EXAMINER Penn St., Balt [234. LOCATION CITY OR TOWN	COUNTY	YES KJ	STATE



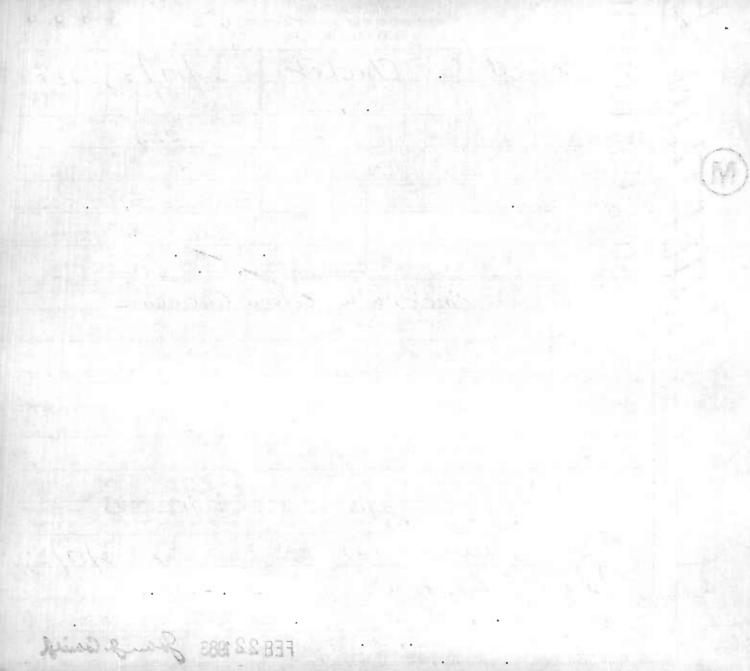
21215

6010 REISTERSTOWN RD. BALTO, MD

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST FIRST 20 DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINT B. ELLEN CHEETHAM 02/09/83 6 AGE LIN YEARS LAST BIRTHDAY! 7 years BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET Ring Dove 21044 DAniel Edward Cheetham 5432 Ring Dove APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PAR 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [CITY ON NOWN COUNTY and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN NOSP

Maryland Veterans

STATE OF MARYLAND

BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

Harry H Witzke 4112 Columbia Rd Ellicott City

Bueial

24 FUNERAL DIRECTOR

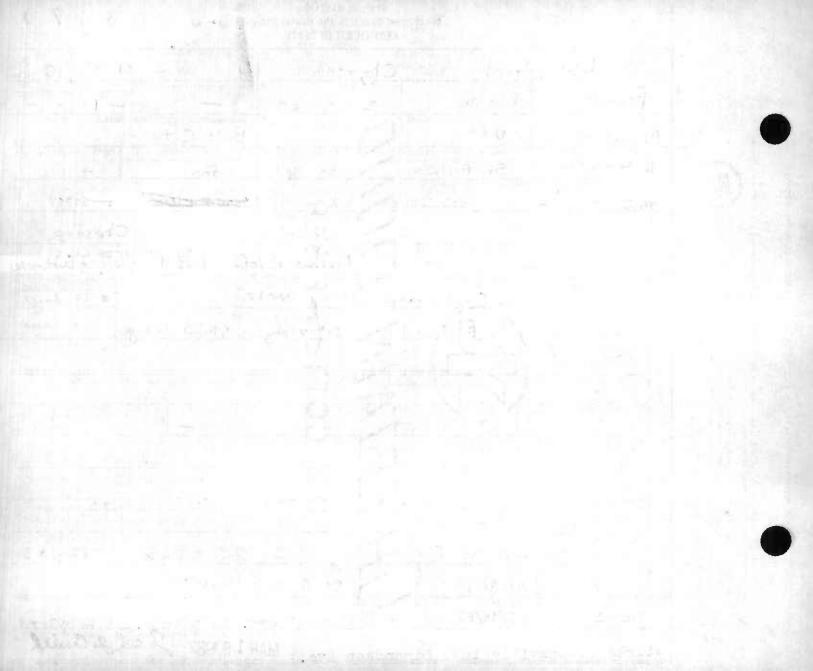
Maryland CEOWNS VI Jolestrar Dig

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	Gette seen				
tham 5432 Sing Dova	Mard Thee				
valvial e davida	rland Veterams Cr	ost CFFL . s		buci	

Harry H. Little all Columbia R Fillicott City

MARYLAND 21201

DIVISION OF VITAL RECORDS,



Patapsco Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

Sales and the sales of the sale Li Salara de la Caracteria The contract of the contract o

6	1 -	FOR STATE REGISTRAR	Declar Harris	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 D	3 6 7 2
		ORPRINT) FLORENCE	e 7. Chopper	LAST	2-26-83	DAY YEAR 26 HOUR
	3. SE	Female	Nhite	S. DATE OF BIRTH MONTH 3-/3-/909 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
3	5	RTHPLACE (STATE OR FOREIGN NITRY) TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL NURSIN	MARRIED NEVER MARRIED WIDOWED DOORCED	9. BALTIMORE CITY OR COUNT Baltimore Ci 128 USUAL OCCUPATION	Y OF DEATH MD. 12b. KIND OF BUSINESS OR
0	2	Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET 821 No Curley	address)	(TYPE OF WORK FOR MOST OF WORKING L	
35	130. 5	TATE 136 COUN			130. STREET ADDRESS 821 N. Curl	ey St21205
00		Frederick /		FIRST	ret Folen	LAST
1		VAS DECEASED EVER IN U.S. ARI res. ng or unknown) (IF yes, givi	MED FORCES? 166 SOCIAL SECU 2/2-0/-0	17 INFORMANT Joseph T. (1	hopper = 621 N. (Jurley St. 21205
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	D BY: (E CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E		ylee hynysho	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART 110
9	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
9	WEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not 22b SIGNATURE	tal) attended the deceased fram	ond that in (my) (our) opinion DEGREE MD ATTENDING PHYSICIAN	death occurred on the date and ha	19 73, that (I) (we) lost ur and from the causes stated 22c. DATE SIGNED 2/28/73
		22d. PHYSICIAN'S NAME (TYPE OF	2 Haha	5301 hos		100.
	23a 8	OURIAL, CREMATION, REMOVAL SPECIFY Burial	236. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Balto	COUNTY STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

John C. Miller Inc-6415 Belair Rd. -21206

250 ANTARCO, BY REGISSOR 256. CALL AND ACCEPTED

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20M 4/B2

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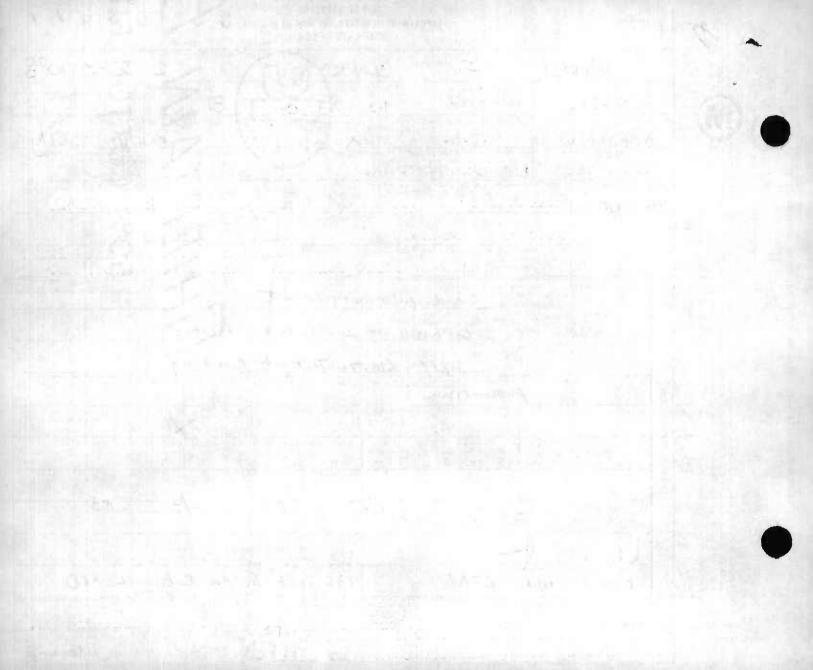
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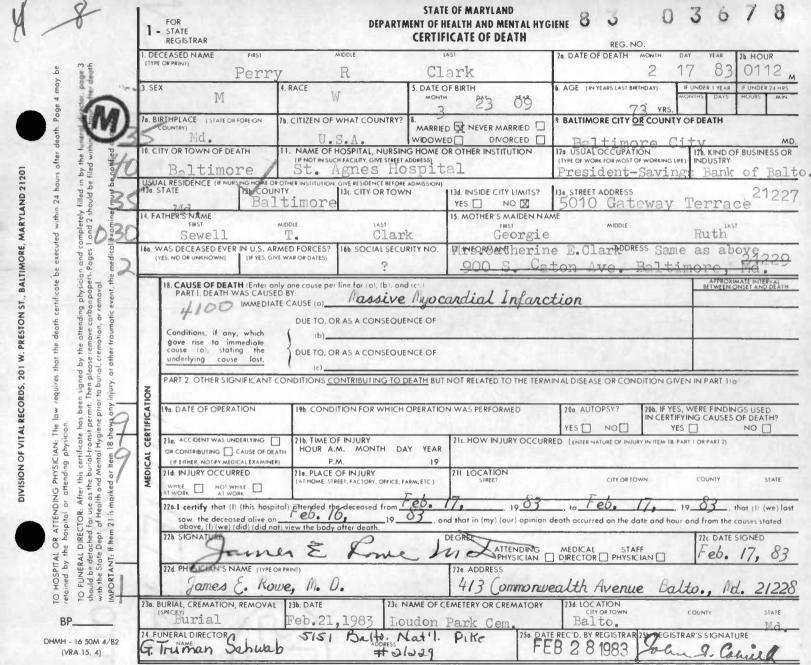
i)X			STATE OF MARYLAND	,
X	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS	0 / 5
1		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CONTRINED PRANTE	ARA CLAIBORNE OF ESTI-	DAY YEAR 26. HOUR
ELES ASE		RUFUS		4 1983 M
20.00	1.5E)		ONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	3:41
STATE OF	11	2/2 (01.	Q - /G-/900 G 2 cs. DEAD 2 1	4 1983 D M
Part of the second	12	1-12 1/3	MARRIED NEVER MARRIED	OF DEATH
ZEN S	1	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAT DECEMBATION PEOF WORK 126	MD. KIND OF BUSINESS
是表面的4/~		A STATE OF THE STA	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
30 × 80 × 60	KIRO/	Baltimore LE RESIDENCE : IN HURSING HOME OF OTH	Lutheran Hospital Relived HER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	1715
AND 3 TRAIN DE SHORT	(n	TATE / IDE. COUNTY	13c CATOR TOWN 13d INSIDE CITY LIMITS? 13c. SEREET ADDRESS	Aria
2 2422	11	grylmd	YES DI, NO 3244 SQUO	HIVE
PASSET NO	4	Next ME	DDIECTO : LAST MIDDLE A L	COMP CO
A PA PE	166. V	AS DECEASED EVER IN U.S. ARMED	FORCES? ILL SOCIAL SECURITY NO. WINFORMANT ADDRESS	relief a land
RS AFTER S GIVE PER WITH FOR PAGES DIVISION	{Y	ES, NO, OR LINKNOWN) (IF YES, GIVE WAR O		14 180 A 1001 14
\$ %5 E & S	\vdash	0000	ne couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
E 50 08 W		DART DEATH WAS CALICED BY	AUSE (0) Hypertensive & arteriosclerotic cardiovascular d	BETWEEN ONSET AND DEATH
STON N LITEM ALCON IT PER YYGIEN NOVAL		4029 IMMEDIATE CA	AUSE (0) THY DETILETISTY & A THE TOSCLETOTIC CATATOVASCALATION (DUE TO, OR AS A CONSEQUENCE OF	30030
HIN FR A NSI NSI EMAC	13	Canditions, if any, which		
W WENCH		gave rise to immediate cause (a) stating the <u>under-</u>	(b)	
RDS, 201 W. PRESTON. EXECUTED WITHIN 24 HOGEN. CAL EXAMINER ALON. CAL EXAMINER ALON. HAND MENTLE HYGIEN. HAND MENTLE HYGIEN. WATION, OR REMOVA.		lying cause last.	(c)	
A ANICA STATE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS, D BE EXEC ENDING" MEDICAL AS A BUR EALTH AN CREMATII	NO			
UID "PER NEW HEA	1 3	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD SH	CERTIFICATION			YES NO X
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL 3E3 SHOULD BE USED AS A BUR TE DEPARTMENT OF HEALTH AND TO PRIOR TO BURIAL, CREMATIC	S. S.	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
NO THE CONTRACT OF THE CONTRAC	3	CONTRIBUTING CAUSE OF DEAT	TH P.M. 19	
VISI CERT DED DEP DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNT	TY STATE
DIVISION OF VITAL RECORDS, 201 THIS CERTIFICATE SHOULD BE EXECUTED WRANDED TO THE WORD "PENDING" IN PROPER 3 SHOULD BE USED AS A BURAL. STATE DEPARTMENT OF HEATTH AND ME , 21201 PRIOR TO BURIAL, CREMATION,	1	AT WORK AT WORK		
ATE, TORV		220 I certify that I took charge of	the remains described abave, held an Autopsy 🔲, Inspection 🔝, Inquiry 🔲, and in my opini	ion
WANTE PARTY AND THE PARTY AND		death resulted fram: Natural co	Accident , Suicide , Hamicide , Undetermined manner ,	
WIT WAR		MATT	TITLE (SPECIFY)	
A HORE -	1	SEGNATURE	M.D.Assistant MEDICAL EXAMINER SIGNED.	2-15-83
NO SECTION OF SECTION	1	EXAMINERA NAME AND M	Dixon. M.D. ADDRESS 111 Penn St., Balto., Md.	21201
TO MEDICAL EXAMINER: THIS CERTIFICATE SHEVELY THE CERTIFICATE SHOULD BE FORWARDED TO THE CITO FUNCE. PAGE 3 SHOULD BE AFTER DEBATH, WITH THE STATE DEPARTMENT		(TYPE OR PRINT) 1 MITT 111.	ADDRESS_	7
EDSE 49		URIAL, CREMATION, REMOVAL 23b. D	DATE 23 VAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY FOWN	my /
BP	74 E	UNERAL DIRECTOR	TSG. DATE REC'D. BY REGISTRAR'S SIG	NATURE
DHMH - 17	6.4.	NAME CLIPT 1 /5	ADDRESS A 2 2 2 1/1 No. # DEEB 25 1983 From Signal Control of the	swell
(VR A15 ME (5)) 20M 4/B2	1	1020/11/21/	CUD I ILLEW / 101/1 / 100.	

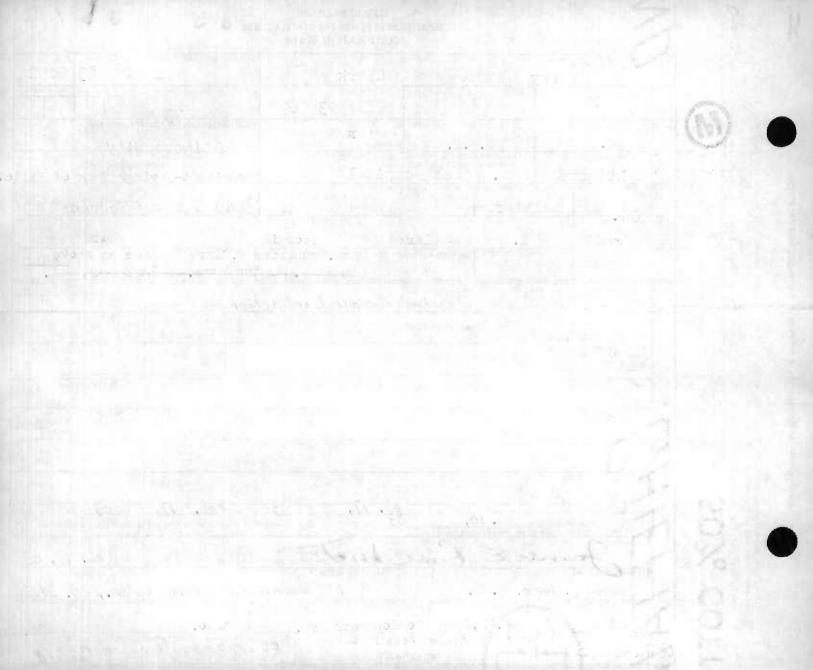
115/6 1/1 4-16/24 62 fire France Mortes - Mortes 165 WOLF STANFOT MESE COMING CHURCHES

	REGISTRAR DECEASED NAM	AE FIRST		DICAL EXAMINER'S	LAST	20. DATE KNOWN	NO. MONTH DAY	YEAR 26. HOUR
(1	YPE OR PRINT)	Isaiah	1	C.	lark	OF ESTI- DEATH MATED	₩ 1/26/8	3,9
3. SI	EX Male	Black	5. DATE OF BIRTH	year 6. AGE (IN YEARS IF UI LAST RIRTHDAY) 53 YRS.	NDER 1 YR. IF UNDER 24	4 HRS. 2c. DATE PRONOUNCED DEAD	3/10/8	1'9':51
7 a.	BIRTHPLACE (SPOREIGN COUNTRY)	C.	76. CITIZEN OF WH	MARE	RIED NEVER MARRIED			DEATH
10. (Baltimo			PITAL, NURSING HOME, OR OTH Broadway, Police		POR MOST OF WORKING LIFE	TYPE OF WORK 126. K	IND OF BUSINESS OR INDUSTRY
	JAL RESIDENCE STATE MD	(IF IN NURSING HOME C		13 CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	3e STREET ADDRESS 1722 E. Pr	eston S	st. 21213
	FATHER'S NAM FIRST		MIDDLE	Clark	15. MOTHER'S MAIDEN	NAME MIDDLE		LAST
16a.	{YES, NO, OR UNKN	ED EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166, SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
	Yes			243-40-4430	Beatrice	Clark 12 C	old Mapl	e Ct.
	gove r	ins, if ony, which ise to immediate						
ATION	gove ricouse (o lying co	ise to immediate b) stating the <u>under-</u> use last.	(c) CONTRIBUTING TO DEATH E	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEA		Ť (α).	20	ALITOPSY?
IFICATION	gove ricouse (o lying co	ise to immediate a) stating the <u>under-</u> use last. IGNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH E			Ť (a).		AUTOPSY?
SICAL CERTIFICATION	gove ricouse (o lying co	ise to immediate s) stating the under- use last. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF I	CONTRIBUTING TO DEATH E 19b. CONDIT 21b. TIME OF HOUR A.M. P.M.	INJURY PAY YEAR 19 3 S	was performed? How injury occurred ubject drown	(ENTER NATURE OF INJURY IN ITEM		
MEDICAL CERTIFICATION	PART 2 OTHER S 19a. DATE OF 21a EXTERN. UNDERLYINUT CONTRIBUT	ise to immediate s) stating the under- use last. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF I	CONTRIBUTING TO DEATH B 19b. CONDIT 21b. TIME OF HOUR A.M. DEATH 21e. PLACE C	INJURY PAN TECHNOLOGY (AT HOME, 216. LG	WAS PERFORMED?	(ENTER NATURE OF INJURY IN ITEM		
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MEDICAL CERTIFICATION	PART 2 OTHER S 19a. DATE OF 21a EXTERN. UNDERLYING CONTRIBUT 71d. INJURY 0 WHILE AT WORK 22a. I cert	ise to immediate of statement of the sta	ONTRIBUTING TO DEATH E 19b. CONDIT 21b. TIME OF HOUR A.M. DEATH P.M. 21e. PLACE C STREET, FACE HART	INJURY MONTH DAY YEAR OF INJURY (AT HOME, ORY, FARM, ETC.) Cribed abave, held on Auton	WAS PERFORMED? HOW INJURY OCCURRED Ubject drown DOCATION STREET OO Block Fel psy X, Inspection	LENTER NATURE OF INJURY IN ITEM LES St. Bal. Inquiry [], Undetermined monner	county timore ond in my opinion	YES (X) NO [
	PART 2 OTHER S 19a. DATE OF 21a EXTERN. UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK 22a. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	S NAME INT)	ONTRIBUTING TO DEATH B 19b. CONDIT 21b. TIME OF HOUR A.M. 21c. PLACEC STREET, FACT Hart ge of the remoins desc	INJURY MONTH DAY YEAR OF INJURY (AT HOME, ORY, FARM, ETC.) Cribed abave, held on Auton	WAS PERFORMED? HOW INJURY OCCURRED Ubject drown DCATION STREET OO Block Fel Psy X, Inspection Homicide Homicide HITLE (SPECIFY) ASSISTAN ADDRESS 111 P	CITY OR TOWN Inquiry Undetermined monner	county timore ond in my opinion DATE SIGNED	Md. STATE

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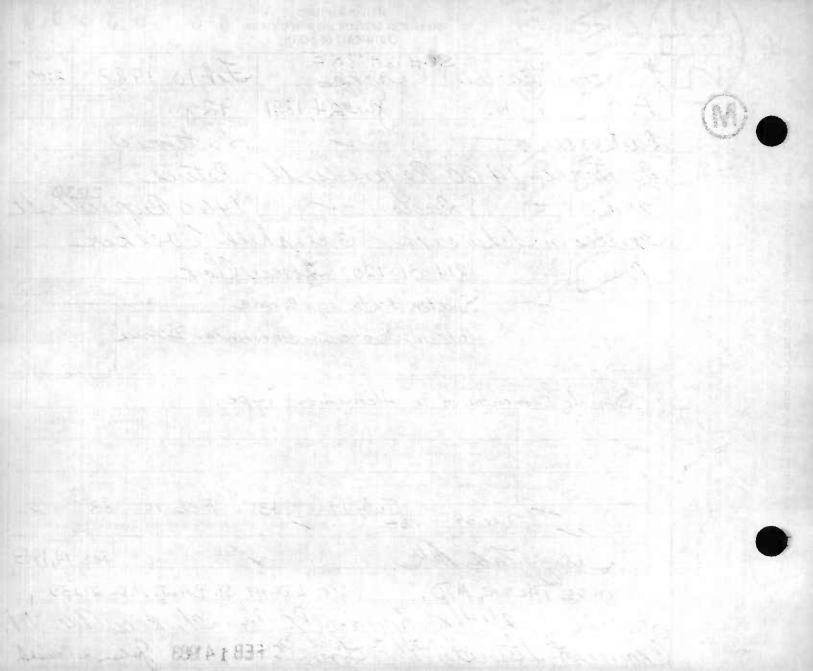




DHMH - 16 50M 1/B1 (VRA 15, 4)

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19	1.	FOR STATE	DEPART		IEALTH AND MENTAL HYG	IENE O		
	1 05	REGISTRAR CEASED NAME FIRST	MIDDLE		AST	REG. NO		
		E OR PRINT)	miout	Contract	C		MONTH DAY YEAR	250
	3. SE	Wilhelm	14. RACE	5. DATE O	Llack	6 AGE (IN YEARS LAST BIRT	17 83	3 H M
	J. JL	P	black	MONTH		35	MONTHS DA	
70	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		
4		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE NG HOME (120 USUAL OCCUPATION		MD. D OF BUSINESS OR
31	B	altimore	HENOT IN SUCH FACILITY, GIVE STREET		a (I TYPE OF WORK FOR MOST Q	WORKING LIFE) INDUSTI	
1	130. 3	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	NTY INCITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	p. 1	21215
		ATHER'S NAME	12)141 [IM	DYE	YES NO	7206 71:	HMDrase	1+1/1=1
00	17)	JA Mes	Clack.		Willia	MAR	MONITOR	NERV .
1		WAS DECEASED EVER IN U.S. AR YES, NO OR NKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	Clack ADDRE	3.	c+. /+
		///0	7-77-	1917	Willie MAR	Jen 160	228.254	Siree!
	1	PART I. DEATH WAS CAUSE	0	d (ct.)			BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
		17LIG IMMEDIAT	TE CAUSE (a) Can CIO	resp	matory an	es.	+	-
	10	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	1.	tolens (A of	Went	1	7
H		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE		TOTAL CALL	CICICA	- /	1 may
		underlying cause lost.	DOE TO, OR AS A CONSECUL	ENCEOF			2.115.6	
1	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	nal disease or cone	ITION GIVEN IN PART	l(a)
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	NI WAS DEDECODATED	20g AUTOPSY?	20b. IF YES, WERE FINI	DINICALISE
2	IFIC	The DATE OF GLERATION	The Condition Tok Wines	OFERATIO	IN WAS FERI ORMED		IN CERTIFYING CAUS	SES OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES T	NO 🗍
9		OR CONTRIBUTING CAUSE OF DEA						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATION			
	M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	NN COUNTY	STATE
			ital) ottended the deceased fram_		NOV 1981		, 19.83	_, that (I) (we) Jast
		sow the deceased alive on abave, (V (we) (did) (did na	nat) view the body after death.	13	nd that in my (aur) apinion d	leath occurred on the da	te and hour and fram t	he causes stated
		226. SIGNATURE	e of a	340	DEGREE		27c DA	TESIGNED
		Baren	Etrilay 1	10		MEDICAL STAF		17/83
		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS			
			FRIDAY					
	23a. B	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OF CREMATORY	THE LOCATION	F A county	Aur O
	124 EI	ONTIR L	2-21-83	axlu	neck complete	of Joan lew	BU M	Mery board
		1.500 - 1 D.S.	1639h. 93		FE	B 2 2 1983	Johns	Callely
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DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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THE HEALTH AND IN CITY		el complex.	essue 19700	
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Colonia Sangree (2011) 2 mily	a second	117-11490.5		
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-		REGISTRAR	FIRST			MIDDLE	XAMIN	EK 2 C	EKIIFI	CATEC	T DEAL	П	REG. NO.			
	(TYPE	EASED NAME	FIRST			WIDDLE			LAST		20	OF E	OWN X	MONTH	DAY YEA	
	1		From	nzena		M. H	larris	Coa	tes			DEATH M	ATED [2	2 19 8	
A	SEX	4.	RACE	S. DATE C	F BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA		DER 1 YR.	IF UNDER		. DATE		HTMON	DAY YE	AR 401934
I	Fe	male	Black	3	26	56	26 YR		DATS	HOURS	MIN.	DEAD		2	2 198	3 P M
4		RTHPLACE (STAT	EOR	76 CITIZE	N OF WHA	T COUN	TRY?	8. MARRI	D X NE	VER MARR	IED 0	BALTIMOR	E CITY OR	COUNT	Y OF DEATH	
4	M	arylan	d	U	. S . A			WIDOW		DIVORC		Bal	timore	e Ci	ty	MD.
Ŧ	D. CI	Y OR TOWN OF	DEATH				SING HOME	OR OTH	R INSTITU	TION	120. USUA	L OCCUPAT	ION (TYPE OF	WORK 1	26 KIND OF OR INDU	BUSINESS
1	100	altimore		Pro	viden	t Ho	spital	H			I TOK MC	731 OF WORKING	, circ;		0111100	
	3a S1	L RESIDENCE (IF	IN NURSING HOME				OR TOWN		13d. INSIDE C	ITY LIMITS?	13e STREE	TADDRESS			THE THE	
4	Ma	ryland				Bal	timor		YES 🔀	NO 🗌	233	6 McC	u110	h S	treet	2121
Ī	14. FA	THER'S NAME		MIDDLE			AST			ER'S MAIDE		MIDDL	E		LAST	
4		James				H	larris		I	Lelia	L LES				Royst	er
I	160. W	AS DECEASED E	VER IN U.S. AL	RMED FORCE		16b. SOC	IAL SECURITY	NO.	17. INFOR				DDRESS			
1		s, no, or unknown No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				N/A		Alic	ce Ta	ylor	2336	McC	u11	oh St	reet
Ī		18 CAUSE OF I	DEATH (Enter o	nly ane caus											APPROXIM BETWEEN ON	ATE INTERVAL
-		PARTITUEA	H WAS CAUSI	ED BY: ATE CAUSE (n)N	arco	tism									
		304	17		TO, OR A	S A CON	SEQUENCE C)F							1	
1			if any, which to immediat		b)							Tuya				
		cause (a) st lying cause	ating the <u>under</u>	DUI	TO, OR A	S A CON	SEQUENCE C	F								
1		-jg coose			c)											
	7	PART 2 DTHER SIGNI	FICANT CONDITION	S CONTRIBUTING	TD DEATH BU	T NOT RELAT	TED TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 (a)	o Tie				
-	CERTIFICATION	19a. DATE OF O	PERATION	1101	CONDITIO	ON FOR Y	WHICH OPERA	ATIONI M	AS DEDECT	MAED?					20 AUTOP	cva
1	FICA	THE DATE OF U	LINATION	190	CONDIN	SIA LOK I	THEI OFER	TON W.	-S FERFOR	MEDI						
-	ERTI	21a EXTERNAL	CAUSE WAS	21h	TIME OF I	NILIPY	15-17-17-17	71, HC	WINTIPV	OCCUPPE	D (ENTER NIA	TURE OF INJURY	IN ITEM 19 DADS	T 1 OP BADS	YES X] NO []
	I C	UNDERLYING	OR	H	DUR A.M.		DAY YEAR	Zit. nc	THE TOTAL	OCCORRE	D (CINICK NA	TORE OF INJORT	HT HEM TO PAKE	OKPARI	2)	
1	MEDICAL	CONTRIBUTING	CAUSE OF		P.M.	INTURY	19 (AT HOME	121f 100	ATION							
	ME	WHILE AT WORK		S	TREET, FACTOR	RY, FARM, ET	C.)		REET			CITY OR TOWN		cour	NTY	STATE
		AT WORK	AT WORK			1							2			
		220 I certify	that I taak char	ge of the rer	nains descr	ibed aba	ve, held an	Autaps	у 🖳	Inspectio	n .	Inquiry	, and in	n my api	nian	
		death resulted	fram: / /tylun	COUSAS	X. A	Accident	L, Sui	cide	Hamie	cide	Undeter	mined manne	er .			
		ACTUAL	Alle	7/1	AI	D				SPECIFY)	135			DATE	0.10	100
4	1	SIGNATURE	1//	-00	w			M.	D. ASS	sistar	1t MEDIC	AL EXAMINE	ER	SIGNED	2/3	/83
A		EXAMINER'S NA	AME II	ormez	D C.	and	МЪ			111	Donn	C+ .	0-1+0	M	4	
1		(TYPE OR PRINT							ADDRESS_			St.,	ballo.	, I ¹ /I	u.	
1	230.BL	BURIAL	ON, REMOVAL	236 DATE /	8.3	23c. N	altim	O T P	Ceme	ORY	23d LOC	1ºtimo	re	COUNT	TY M	d',
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J	T.T	m.C.Ma	rch F/	н т.	ADDRESS	1 F	Mont	h a		FFB	4 10		7.	0	0	

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1	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		0 3 6 8 3
16		CEASED NAME FIRST	MDOLE	LAST		MONTH DAY YEAR 26. HOUR
A A	(TYP)	RICHA	ARD GILMORE	COBLENTZ	Fe	B 20, 1983 10 PM
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
MA		Male	White	10 17 2	7 55	YRS.
	DC	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRI		
d of	_	MD ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCE		
alled "	rd.	Baltimore	(IF NOT IN SUCH PACILITY, GIVE STREET KESWICK HOME	ACORESS)	(TYPE OF WORK FOR MOST OF Teacher	
d b 25.5	130.	STATE 13b. COUR		N 134. INSIDE CITY LIA		
Show the show		Maryland	Baltimo	Ore YES X NO		anvale St. 21217
350		Dr. Richar	d G. Coblentz,	FIRST	MIDDLE	Compton
es looi		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU		ADDRES	
- Pages		Yes WM	/ II 215 22	1543 Mrs. R	obin D. Cobler	
avol.		18. CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	nly one couse per line for (a), (b), on	A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
carban pape , ar remaval latic event, t			TE CAUSE (a)	NEUMONI	4	1 week
n, ar matic		3400	DUE TO, OR AS A CONSEQUE	NCE OF	COLERACIS	19 VPADS
ematian, er traum		Conditions, if ony, which gove rise to immediate	(b)		SCLEROSIS	117000
9 5 年		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
or o	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO S	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR COND	DITION GIVEN IN PART Ha
rmit. Then prior to bu any injury	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
shows	F				YES NO	IN CERTYFYING CAUSES OF DEATH?
Mental Hygiene ar Item 18 shows	ä	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
tem	CAL	OR CONTRIBUTING CAUSE OF DEA	sin .	19	100 200	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOV	NN COUNTY STATE
e as the alth and marked		AT WORK AT WORK	ital) attended the deceased from_	APRIL 24 10	79 . FFA	20 19 83 , that HT (we) last
of He		saw the deceased alive an	FEB 20 19 5	3., and that in (my) (our)	opinion death accurred on the da	te and hour and from the causes stated
bed free		22b. SIGNATORE	view the body ofter death.	DEGREE		22c. DATE SIGNED
the State Deployer		John 1	Hartman	M.D. ATTENI	DING MEDICAL STAF	
d be Sto		224 PAYSICIAN'S NAME (TYPE		22e. ADDRESS	Hone	Ph -
should be del with the State IMPORTANT:		JOHN 1	F. HARTMAN		15 - 700 W.	40-50. BALTO. MO
	236.	SURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		NAME OF CEMETERY OR CREMA	I CITY OR TOWN	COUNTY
		UNERAL DIRECTOR Henr		reen Mount	Balto.	MD SY REGISTRAR'S RIGNARIURE
M 4/B2 4)		905 York Road	Balto., MD	21212	FEB 22 1983	" and want
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Magry W Vitade 4112 Columbia Rd , Ellicott City

be МОУ 4 STATE OF MARYLAND

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	Alabama		USA		WIDOWI	ED DIVORCED		RAITI	mone	1:4
10.	CITY OR TOWN OF DE	ATH	11. NAME OF		SING HOME	OR OTHER INSTITUTION	12a USUAL OC	CUPATION	12h KIND	OF BUSIN
	Baltimore		A CI	+ 1 m one	Cit	Ly HOSPITAL	Machi	ne Oper	ator Cot	ton
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160	WAS DECEASED EVER		MED FORCES?			17 INFORMANT		ADDRESS		
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1	FOR STATE REGISTRAR		DI	EPARTMENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8	REG. NO.	0 3	6	8 5
	CEASED NAME	FIRST	MIDDLE	l	AST		2a. DATE OF D		H DAY	YEAR	2b. HOUR
,,,,,,	L ON PRIDETY	EDGAR	LERO	Y C	OLE			2	13	83	10:58 M
3 SE		4 RACE		5. DATE C		YEAD	6. AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS HOURS MIN.
	Male		White	MONIF	27	O'L	81	,	YRS.	DATS	MOUKS MIN.
	IRTHPLACE (STATE OR F		ZEN OF WHAT COL	INTRY? 8 MARRIEI	D NEVER	MARRIED -		CITY OR CO		ATH	
	aryland		S.A.	WIDOWE		VORCED		imore			MD.
В	altimore	St	ME OF HOSPITAL, NOT IN SUCH FACILITY, GIT A gnes I	VE STREET ADDRESS)	OR OTHER INS	TITUTION	12a USUAL OC (TYPE OF WORK FO BOOK Bi	OR MOST OF WORK		KIND OF USTRY	BUSINESSOR
M	AL RESIDENCE (IF NURS STATE aryland	Baltimor	13c CITY C	ORTOWN	13d INSIDE C	NO X		cAdoo S	Street	212	207
D F	ATHER'S NAME	MIDDLE	L	AST		EIRST		MIDDLE		LAST	
	Jashua			Cole		lelena			M.	le 11a	
	WAS DECEASED EVER YES NO OR UNKNOWN) WW YES	IN U.S. ARMED FO (IF YES GIVE WAR OR WW I	DATEST	03-0676	Doroti	ny M. A	ppleby	5948 E	Baltimo		21207 St.
CERTIFICATION	Conditions, if any, gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERAT	dediate g the last. DUI DIFICANT CONDITION	(c)	NSEQUENCE OF AND TO DEATH BUT	Type NOT RELATED N WAS PERFO		S40 LA INAL DISEASE C	SY? 20b. 1	N GIVEN IN P.	FINDING	GS USED
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	7 to ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH HO	TIME OF INJURY DUR A.M. MON' P.M.	TH DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATUR	LE OF INJURY IN ITE	M IB PART I ORP	ART 2)	
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	22a I certify that (1) sow the decease	d alive an	nded the deceased 2/17 he body ofter death	_19.\$ 3, or	DEGREE	(aur) apinian o	death accurred of MEDICAL DIRECTOR	STAFF PHYSICIAN	226.		
	22d Prsician's na Ziegler	Paul	ARWAL	Amar	22e ADDRES	5F-18	gues	Hos		13	alh.
23a. E	BURIAL, CREMATION, I (SPECIFY) Buria		18/83				Balt	imore	COUNT	1	Maryland
24 FI	Ziegler BURIAL, CREMATION, I	Paul 236 D	18/83	Jan Name Of Cl Loudon 2122 27 Wilken	EMETERY OR C	CREMATORY emetery	23d. LOCATION Balt	on town imore	COUNTY		

DHMH - 16 50M 1/81 (VRA 15, 4)

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etained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumatic event, the medical

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Ave.

Law Funeral Heme 4611 Park Heights

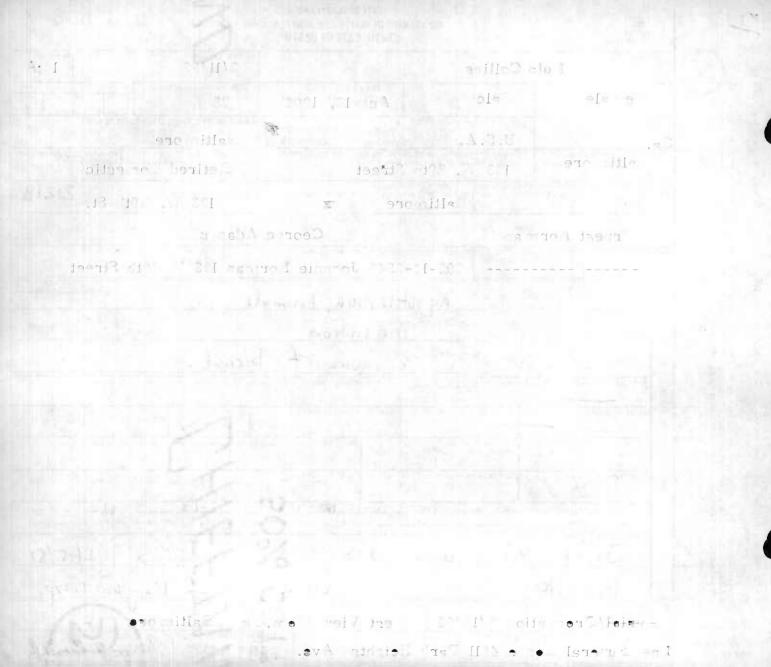
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE

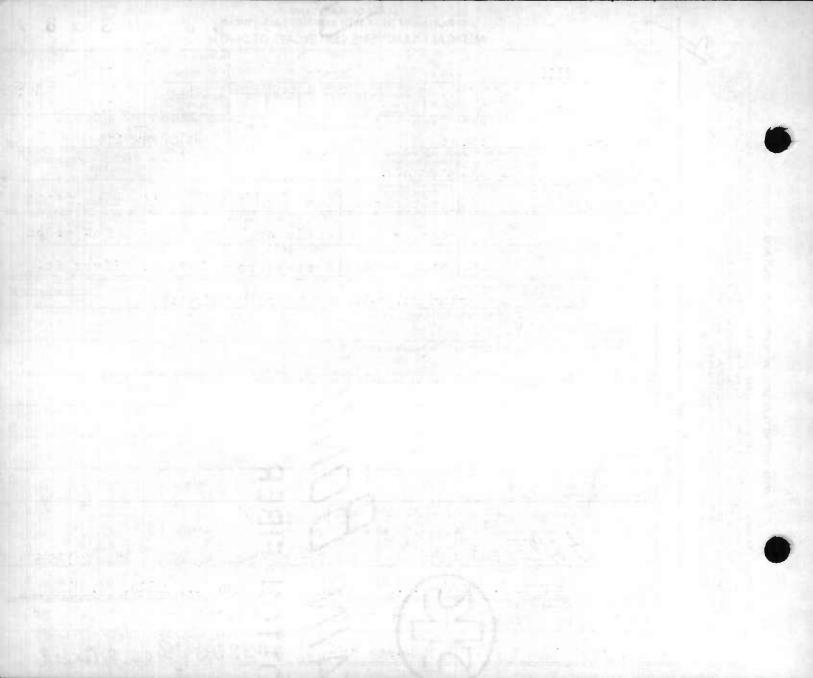
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(VRA 15. 4)



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eath. Pa neral dir n.72 hou	35		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIEL WIDOWE	NEVER MARR	IED '-	Bultin	DR COUNTY C	OF DEATH	WE
The state of the s	13	10 CI	ed time late	11. NAME OF	HOSPITAL, NURSIN	NG HOME O	ROTHER INSTITUTI		20. USUAL OCCUPAT		Dalto.	
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BP			URIAL, CREMATION, REMOVA SPECIFY) Burial	2/25/1	1983 9		emetery or creme even. Mem.	Pk.	23d LOCATION GLEN BUN		A. Co.	, MZ.
DHMH - 16 50M 4/8 (VRA 15, 4)	2		Cully Funeral	Homes .	Balta Pa	Md.,	21225 Ave.,	FEI	B 22 1983	25b(R)GISTR	AR'S SONATE	hilf

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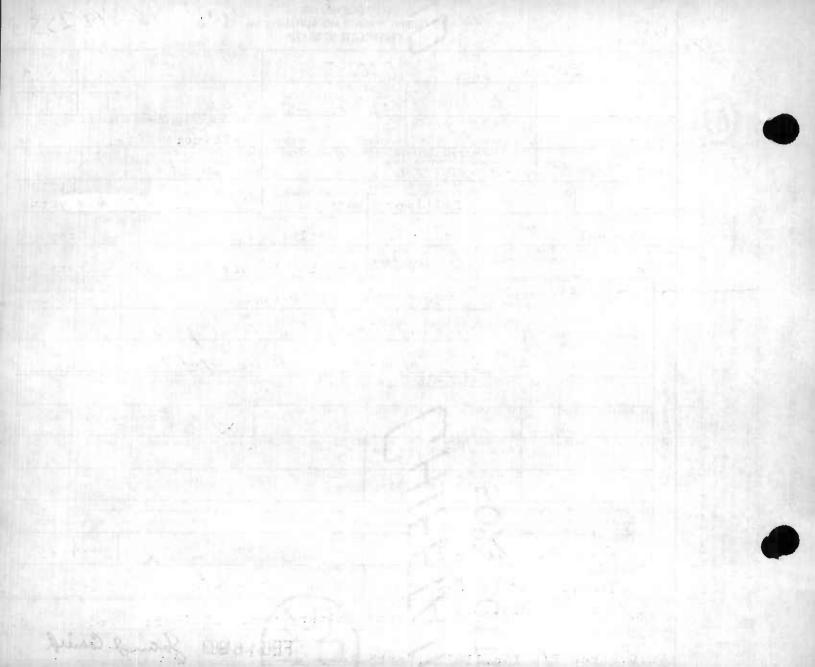
9	1-	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TIENE 8 3	0 3 6 9 0
\	1. DEC	REGISTRAR CEASED NAME FIRST OR PRINTS	MIDDLE	LAST	ta britis di beriii	MONTH DAY YEAR 25 HOUR
decop	(TYPE	MARY	HELEN	CONRAD	FE	
(A)	3. SE)	FEMALE	4. RACE White	S. DATE OF BIRTH MONTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	
E E E E		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH BALLIMO!	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST OF	NORKING LIFE) 12b. KIND OF BUSINESS C
De e t	13a S	TATE 134 COU	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	106E DQ 21122
	14 FA	THER'S NAME FIRST GEORGE	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
+ 0		VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)		dena ADDRES	Ma. ZIIZZ
physicio inpopers emavol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or D BY: TE CAUSE (a) CARDL	AL ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
teath cer trending ve corbo ion, or re iumatic	Š	Conditions, if ony, which	DUE TO, OR AS A CONSEOU	- 1 0m 4 10 mm		
by the a by the a sse remot , cremati		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU			
equires the signed of the plector of night, or night.	NO	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 110.
on. hos been permit. I sene prior	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IVSICIAN: The ding physicion is certificate h buriol-transit physician went of them 18 share or frem 18 share or free free free free free free free		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)
or ottending p After this certi e as the buriol- alth and Menta morked ar Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f. LOCATION STREET	CITY OR TO	COUNTY STATE
TTENDIN option or TOR: Aft for use a of Health		22a. I certify that (I) (this hasp	tol) attended the deceased from FEG 25 19 19 view the body ofter death.	7"7	, to FEB 7	te and hour and from the causes stated
ned by the hospital one dby the hospital FUNERAL DIRECTOR. Jid be detached for us the State Dept. of He ORTANT: If Hem 21 is		22b. SIGNATURE	1/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	221 DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deton with the State C IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE OF PAGELICA	DENIS V	22e ADDRESS	love smee	7
BP Shoots	23a. E	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY len Haven Cemet	23d LOCATION	Burnie A.A. Md.
		UNERAL DIRECTOR	01 Ritchie	21225 250. DAT	E REC'D. BY REGISTRAR	REGISTRAR'S SIGNATURE

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	1.	FOR Item 4 & 13	Phone DEPARTMENT	STATE OF MARYLAND FOF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	HENE 8 3	0 3 6 9 1
* (T.E)		CEASED NAME STREET	MIDDLE	a, LAST	REG. NO	D. MONTH DAY YEAR 26, HOUR 26 83 1225
	3 SE	Fencle	Black	DATE OF BIRTH MONTH DAY YEAR 1963	6 AGE (IN YEARS LAST BIRT	YRS. MONTHS DAYS HOURS 2
deoth. P	C	OUNTRY) USA	wı	ARRIED NEVER MARRIED OF	Blhv	e COUNTY OF BEATH
by the filled of		Belhnove	11. NAME OF HOSPITAL, NURSING HE DIF NOT IN SUCH FACILITY, SINE STREET ADDRE	Hospitels	(TYPE OF WORK FOR MOST OF	
in 24 hou filled in thould be	130. 3	Md 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM TY 13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES ₩ NO □	13e STREET ADDRESS	lfe St. 21205
ed with	II. FA	THER'S NAME FIRST M	AIDDLE LAST	Shelic	ME	Cook
Poges		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 16b. SOCIAL SECURITY WAR OR DATES)	NO. 17 INFORMANT	ADDRÉ	SS
that the death cer de by the attending lease remove corbo ial, cremation, or re or other troumatic e		Conditions, if any, which gove rise to immediate cause 101, stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	of Preventunty		
n. nos been signer permit. Then pl ne prior to burn woony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	V	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH:
ding physician. The ding physician. is certificate ho buiol-tronsit pe Mental Hygiena per Item 18 shown		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	RED (ENTER NATURE OF HUJUR	YES NO
the the population of the popu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,		CITY OR TOV	VN COUNTY STATE
be hospital DIRECTOR: Dached for us Dept. of He If them 21 is		22a.1 certify that (1) (this hospit- sow the deceased olive on above, (1) (we do), did not 22b. SIGNATURE	ol) attended the deceased fram 19 5	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, 10	
HOSPITA sined by FUNERA ould be do the Sto		22d. PHYSICIAN'S NAME (TYPLOR	FRINT) Jones	220 ADDRESS 4940 East	um Are B	althore, Md
PP	230	BURIAL, CREMATION FEMOVAL SPECIFY)	23b. DATÉ 23c. NAM	E OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
HMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR AR 2 2 1983	254 REGISTRAR'S SIGNATURE

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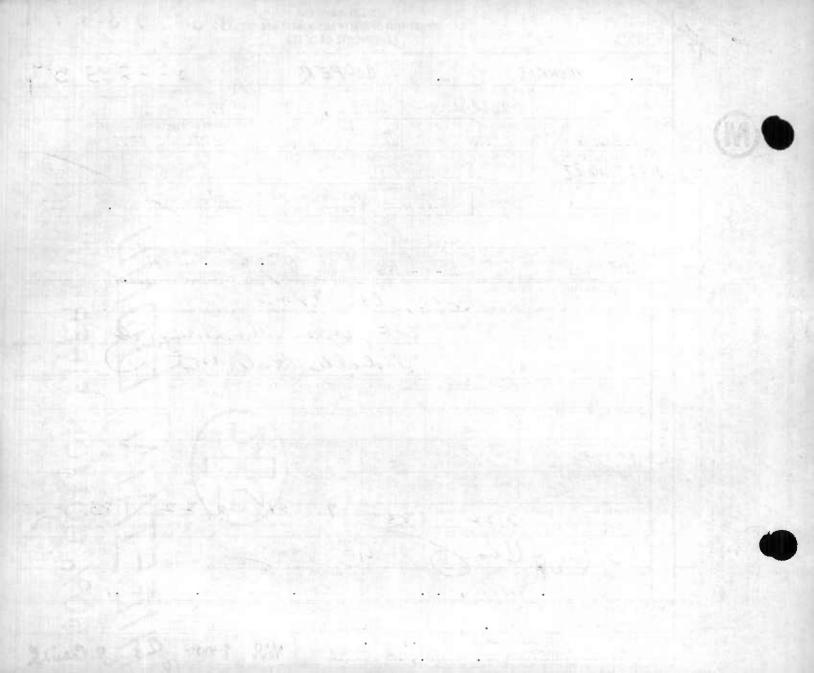
Wm. C. March F/H Inc 1101 F North



20 DATE OF DEATH MONTH DAY YEAR COOPER 2 22 83 S. DATE OF BIRTH MONTH OAY YEAR 6 19 1893 89 YRS ACCUINTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWEX DIVORCED BALTIMORE CITY OR COUNTY OF DEATH PITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN 13d. INSIDE CITY LIMITS? THE SEDENCE BEFORE ADMISSION) CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5304 Wayne Ave. 21207 IS MOTHER'S MAIDEN NAME FIRST AME 1 ia SOCIAL SECURITY NO. 17 INFORMANT The Ima Williams 5304 Wayne Ave. 212 ACCONSEQUIENCE OF
S. DATE OF BIRTH MONTH OAY 19 1893 89 YRS NOTION NEVER MARRIED WIDOWEX DIVORCED WIDOWEX WIDOWEX DIVORCED WIDOWEX WIDOW
MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWEX DIVORCED CITY PITAL, NURSING HOME OR OTHER INSTITUTION CITY OF WORK FOR MOST OF WORKING LIFE) HOSpital RESIDENCE BEFORE ADMISSION CITY OR TOWN 13d. INSIDE CITY LIMITS? YES XX NO 5304 Wayne Ave. 21207 IS MOTHER'S MAIDEN NAME FIRST Amelia SOCIAL SECURITY NO. 17 INFORMANT ADDRESS The Ima Williams 5304 Wayne Ave. 212 FOR TO TOWN APPROXIMATE APPR
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The Ima Williams 5304 Wayne Ave. 212 for 10 1,161, and 10 AR DIO PULMONARY AR REST BETWEENS
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JURY MONTH DAY YEAR 19 VIUNY ACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 19 212 LOCATION STREET CITY OR TOWN COUNTY 19 213 19 214 19 215 19 216 19 217 19 217 19 218 219 219 219 210 210 210 210 210
19 83 ond that in (my) (our) opinion death occurred on the date and hour and from the
ODEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS PROVIDENT 140SPITAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY

	(P	A)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offereatined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with

. 1	1.	FOR STATE	DEPARTM	ENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3 0	3 6 9 4
ge 3 leoth		CEASED NAME FIRST DR. MORK/	MIDDLE L.	LAS	OPER	REG. NO. 20. DATE OF DEATH MONTH D 2 - 20	2-83 5 mm
		male	Caveasian	5. DATE OF JUNE	BIRTH 28, 1905	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	IF UNDER LYEAR IF UNDER 24 DRS.
335		MARYLAND	USA	MARRIED WIDOWED		9 BALTIMORE CITY OR COUNTY BALTIMORE CI	
bartied 2	6	BALTIMURE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET, NOSP HOSP	ITAL	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE PHARMACIST	126 KIND OF BUSINESS OR INDUSTRY DRUGS
35	73a. S	MARYLAND 136. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE 136 GITY OR TOWN	RE		136225 BERKELEY A	VE. #21209
如0		LOUIS	COOPER		5 MOTHER'S MAIDEN NAM FIRST SARAH	WIDDIE	ABEL
e medico	160 V	NO	212-01-5	716		LEE B. COOPER EY AVENUE BALTO	
rtic event, t		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (o), (b), and BY: E CAUSE (o)	CA	D. 5/PMI		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
other troumo		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	Tirle	chle du	le my	
injury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART TO
Auo soud	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION '	WAS PERFORMED		WERE FINDINGS USED //ING CAUSES OF DEATH?
Irem 18 shows ony	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2}
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216, PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	RIF LOCATION STREET	CITY OR TOWN	COUNTY STATE
m 21 is m		sow the deceased alive on	ol) ottended the deceased from 7 19			eoth occurred on the date and hour	
NAT: #		77h SIGNATURE JA	(las)	14	ATTENDING PHYSICIAN 272 ADDRESS	MEDICAL STAFF	2/23/83
IMPORTANT: II		JEFFREY L.	QUARTNER, M.D.		2724 N. CHA		O., MD
		BURIAL BURIAL	FEB. 25 1007	CHIZ	ZUK AMUNO	23d. LOCATION CITY OF TOWN BALTIMORE	MARY LAND STATE
/B1	24 FU		EVINSON & BROS., OWN RD. BALTO.,		1215 Z50. DATE MAR	REC'D. BY REGISTRAR 256 PEGISTR	AR'S SIGNATURE



FOR

Maryland

230. BURIAL CREMATION, REMOVAL

14. FATHER'S NAME

- STATE

STATE OF MARYLAND	43	,	0
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	J	U
CEDTIEIC ATE OF DEATH			

REGISTRAR			CERTIFICATE OF	DEATH	REG. NO.			
DECEASED NAME	FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOU	JR
	Mary	V.	COVINGTON		February 16.	1983	4:0	0a M
SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
Femal	е	Black	2 4	92	91 YRS.	MONTHS DAYS	HOURS	M IN
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MAPPIED T	9. BALTIMORE CITY OR COUNT	Y OF DEATH		
S. Carol	ina	U.S.A.		NORCED _	Baltimore &i	ty		MD
LCITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSIN		TITUTION	120. USUAL OCCUPATION	12b. KIND (ESS OR
Baltimore	2	Maryland Gen	eral Hospit	a 1	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY		

13d. INSIDE CITY LIMITS?

NO [

15. MOTHER'S MAIDEN NAME

Williams Madison Caesar Carrie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** 579-38-6360 John Madison 1808 Madison Avenue No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Respiratory failure IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Progressive Pulmonary Fibrosis Conditions, if ony, which gove rise to immediate couse (a), stating the

DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Squamous Cell Carcinoma CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION

IN CERTIFYING CAUSES OF DEATH? NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

November 4 Febraury 169 22a.1 certify that X) (this hospital) attended the deceased from sow the deceased olive on Febraury 16 and that in (by) (our) opinion death occurred on the date and hour and from the causes stated obove, x1) (we) (did) (did you view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE

ATTENDING MEDICAL 2/16/83 DIRECTOR PHYSICIAN 22e. ADDRESS

Janice Rutkowski, M.D.

Wm. C.March F/H Inc, 1101 E.North Ave

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OF TOWN 13b. COUNTY

MIDDLE

13c. CITY OR TOWN

Baltimore

c/o Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

13e. STREET ADDRESS

MIDDLE

1808 Madison Ave. 21217

STATE

BURIAL 2/19/83 King Memorial Pk Baltimore Co FEB 1 8 1983 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

Her

MPORTANT:

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TREATH FORTY, INTERNATIONAL PLYCHTHAME JAIGAM IN BURELLAND Heliciati Indication of the Manager 2/22/83 Arbutus Mem. Pk.

FOR

REGISTRAR

- STATE

(VRA 15, 4)

Gen. Mtrs. Corkley Rd. 21237 SPIRES 21237 213-10-4843 Estelle Crawford 6533 Corkley Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB. PART 1 OR PART 2) COUNTY STATE and that in (my) for popinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CHURCH HOSPITAL CORPORATION 100 N. BROADWAY BALTIMORE MARYLAND 21231 Burial Baltimore Maryland Gardens of Faith 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 2.6 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Lassahn Funeral Home 7401 Belair Rd. 6

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

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IF UNDER I YEAR

INDUSTRY

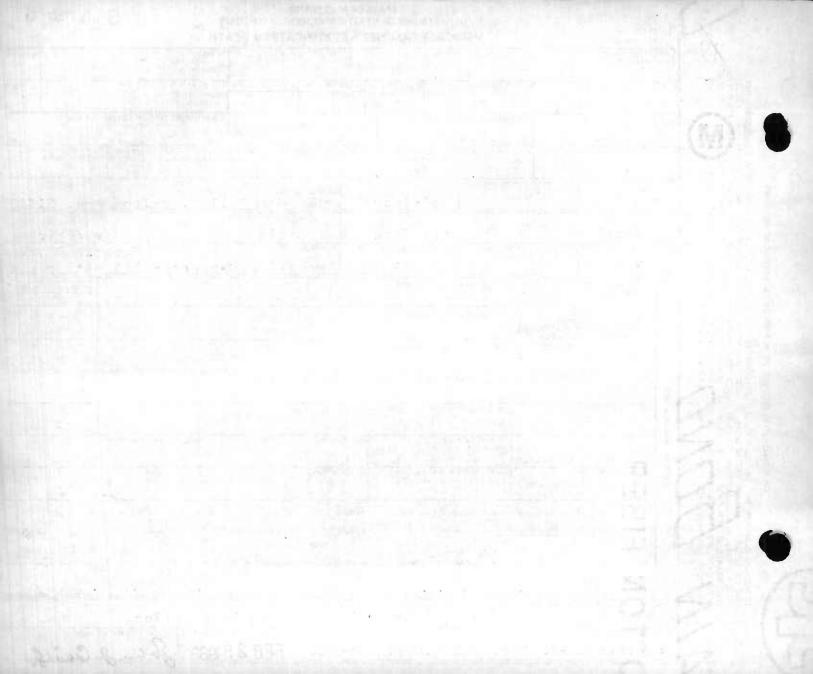
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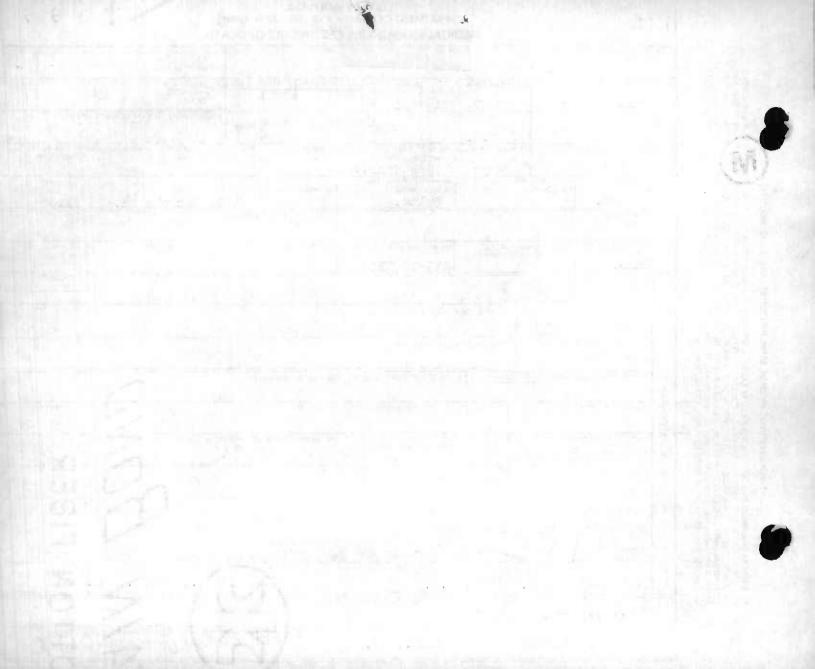
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CERTIFICATE OF DEATH

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DECEASED NA			WIDDLE		\ST	OF	E KNOWN ESTI-	-	H DAY	YEAR	2b. HOU
				CRE	NSHAW		H MATED	2	7	1983	
		MONTH DAY	YEAR LAST BIRTH	DAY! MONTHS	DAYS HOURS	MIN PRONO	UNCED	MONTH	DAY		6:41
BIRTHPLACE	(STATE OR	76. CITIZEN OF WH		MARRIE		ED 🗆					1 0 "
Balt	imore	11. NAME OF HOSP (IF NOT IN SUCH FAC	OPKINS HOS	or other		12a USUAL OCC	UPATION (T	PE OF WOR	12b. KI		
. STATE	Dia COU	OR OTHER INSTITUTION, GIVI NTY	13c. CITY OR TOWN					C+		21202	
		MIDDLE	LAST				MIDDLE	DL.		LAST	
g. WAS DECEAS (YES, NO, OR UNK Unkn.					7. INFORMANT		ADDRES	SS			
gave cause (lying c	ians, if any, which rise to immediate (a) stating the <u>under</u> ause last.	DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQUENCE	: OF	OR CONDITION GIVEN IN PAI	RT 1 (a),					
19a. DATE O	OF OPERATION	196 CONDITI	ION FOR WHICH OPE	RATION WA	S PERFORMED?				4.0		NO [X
21a. EXTERI UNDERLYIN CONTRIBU					W INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 1	8 PART I OR			
21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK					CITY OR	TOWN		COUNTY	113.	STATE
220 I ce death resu ACTUAL SIGNATUR EXAMINER	rtify that I took char plted froth: Nati E (S NAME Ann	M. Dixon,	Accident	M.D	Homicide	Undetermined	AMINER Bal	DAT SIGI	E NED	2 - 8-8	33
	Male BIRTHPLACE FORECH COUNTR Balt UAL RESIDENCE STATE M FATHER'S NAM FATHER'S NAM IN WAS DECEAN UNKN IN CONDINA IN CAUSE PART 1 OTHER 21a. EXTERI UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK 22a. I ce deoth resu	FRAN SEX Male Black BIACK Md. FATHER'S NAME FREST IN U.S. AF (16 YES, ON UNKNOWN) UNKN. BIACK CONGUNKNOWN) IIF YES, ON UNMEDIA Conditions, if any, which gove rise to immediate couse (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT (ONOITION) IPO. DATE OF OPERATION IPO. DATE OPER	FRANCIS SEX 4. RACE 5. DATE OF BIRTH MONTH DAY Male Black 4. 7 BIRTHPLACE (STATE OR FOREKON COUNTRY) U.S. CITY OR TOWN OF DEATH 11. NAME OF HOSE (IN NOT IN SUCH PART 1 DEATH WAS CAUSED BY: WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UNKN. 18 CAUSE OF DEATH (Enter only one cause per line of PART 1 DEATH WAS CAUSED BY: 3030 IMMEDIATE CAUSE (a) A Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. 19a. DATE OF OPERATION 19b. CONDITIONS 19b. CONDITIONS (CONTRIBUTING TO OEATH RECONTRIBUTING CAUSE OF DEATH P.M. 21a. EXTERNAL CAUSE WAS 11b. TIME OF HOUR A.M. 21b. INJURY OCCURRED STREET, FACTOR AT WORK AT WORK 11b. Notural courses described and work of the remains described at WHILE AT WORK AT WORK 11b. Notural courses (A) A CONTRIBUTING CAUSE OF DEATH P.M. 22a. I certify that I taok charge of the remains described at WHILE AT WORK 11b. Notural courses (A) A CONTRIBUTION COURSED NOTURED 11b. Notural courses (A) A CONTRIBUTION COURSED NOTURED 11c. Notural courses (A) A COURSE (CONTRIBUTION COURSED NOTURE) 11c. 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(c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse lost. (c) PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR TO THE WIDOWN AND SHEET NOT HELD TO THE TERMINAL DISEASE OR CONDITION SHEET TITLE (SPECIFY) ACCIDANT HOME. ACCIDANT HOME. STREET, FACCIONY, PARM, ETC.) ACCIDANT HOME. STREET, FACCIONY, PARM, ETC.) ACCIDANT HOME. STREET, FACCIONY, PARM, ETC.) ACCIDANT HOME. STREET ACCIDANT HERE. LAST BRITCH AND HELD AND	FRANCIS CRENSHAW DEAT ARACE SIDER OF BIRTH MAILE Black 4 7 31 FOREIGN COUNTRY FOREI	FRANCIS Male Black 4 7 31 51 Y85 MARRIED NEVER MARRIED SEATH MATED NOTIFICATION OF WHAT COUNTRY? MARRIED NEVER MARRIED SEATH MATED NOTIFICATION OF DEATH NEW COUNTRY NEW COUNTRY	FRANCIS Male RACE S. DATE OF BIRTH TAN B. 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Wm.C.March F/H Inc. 1101 E. Morth

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

/	FOR STATE REGISTRAR	DEPAI		IEALTH AND MENTAL HYGI	IENE 8 3 U	3 /	0 0
/	T DECEASED NAME FIRST	AM	C	KEWS	2ª DATE OF DEATH MONTH	17 83 P	HOUR 9:18 AM
9	3. SEX	4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	male	Black	12		64 YRS.	morning Datis	JURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
U	N. Carolina	U.S.A.	WIDOWE	DIVORCED	Baltimore C:	ity,	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF B	USINESS OR
U	Baltimore	Greater Penr	n Nurs	ing Home			
0	30 STATE 136 CO	AE OR OTHER INSTITUTION GIVE RESIDENCE BER DUNTY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
9	Maryland	Balt	imore	YESXX NO [1612 N. Broa	adway 21	213
	14. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	LAST	
20	Mack	Crev		Minnie		Averet	te
	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS		
	No	237-03	3 - 4975	Gladys Mit	chell 201 N.H	3roadway	Apt.9
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7	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
4	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive above, (I) (warddid)	ospital) attended the deceased from 02 - 1 4 - 19	83, or	d that in (my)(our) opinion d	eoth occurred on the date and ha		
	L'EHAR	1 TYSON ,1	us.	22e ADDRESS 436 BAC	To. Most	H AU 21217	*
	BURIAL BURIAL	23b. DATE 2/21/83		Zion Cem.	23d LOCATION CITY OR TOWN Baltimore	COUNTY	Md.
	24 FUNERAL DIRECTOR NAME Wm.C.March F	/H Inc. 1101 E		E	EB 1 8 1983	and a Constitute	wich

12 17 83 47 Mars DECEMBERSATES CONSESSIVE HEREY THRUSTE IS ON dispersion since Vascounte disperse years CHO CON TONY CONTRACTORITY Literated Tyson, And River to 12 July 21 212 FEB 18 1933 Comment of the Comment o

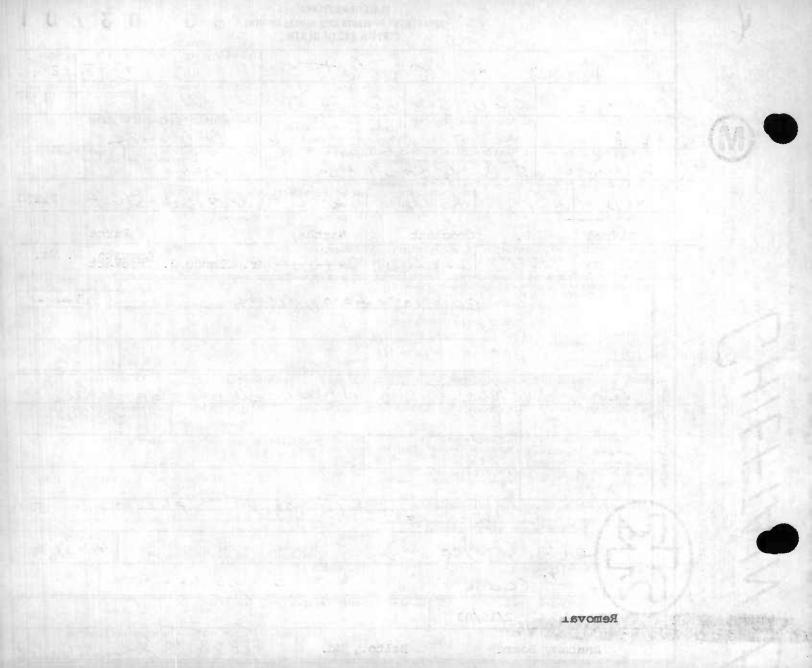
Anatomy Board

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
	1. DECEASED NAME FIRST (TYPE OR PRINT)	M. M.	CROGHAN	20 DATE OF DEATH	O 19 83 26 HOUR A.
Į	3. SEX Female	A. RACE White	5. DATE OF BIRTH Aug. 15, 1905	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
1	Baltimore, Md.		MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐	Baltin	nore City, MD.
1	Baltimore	6" N. Lakewo	SING HOME OR OTHER INSTITUTION EET APPRESS) OC AVENUE	120 USUAL OCCUPATION OF STATE ASS t.Lit	126. KIND OF BUSINESS OR INDUSTRY Orarian—A.S.Abell
	130. STATE Md. 13b. COUL		Ore YES MO _		21224. Co. Rewood Avenue
	George	Staab		t G.	Wagner
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	1227 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Du	timore, ADDRE G. Staab-	Md. 21224. 416 N. Lakewood
	Conditions, if any, which gave rise to immediate course to stating the underlying cause lost.	DUE TO, OR AS A CONSEC	ONE OF	CA.	Ave. Ministropal and Diale
	THE DATE OF OPERATION THE DATE OF OPERATION		O DEATH BUT NOT RELATED TO THE TER	18a AUTOPSY? YES NO	201. IF YES, WERE FINDINGS USED IN CETTEFING CAUSES OF DEATH? YES NO NO
1	THE ACCEPTED WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	RRED CENTER NATURE OF PUBL	PT PO ITEM TEL PART + GRIPWAT TE

Te. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

AT HOME, STREET, FARMOUND DEFICE FARM, ETC.)

19

TIL LOCATION

PHYSICIAN

CITY OF TOWN

COUNTY

STATE

and that in (my)(our) opinion death accurred on the date and hour and from the causes stated 77L DATE SIGNED 226 SIGNATURE DEGREE

FOR

ZJI. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

TH LOCATION

MEDICAL

DIRECTOR | PHYSICIAN

Baltimore, Waryland

24. FUNERAL DIRECTOR

134 BURIAL CREMATION REMOVAL

OF CONTRIBUTING CAUSE OF DEATH

IF ETHER, NOTEY MEDICAL EXAMINER

Moran, ADDRESS Md. 21224

DHMH - 16 50M 4/82

22# ADDRESS

150 DATE REC'D. BY REGISTRANTAL REGISTRAN'S SIGNATURE

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(VRA 15, 4)

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FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

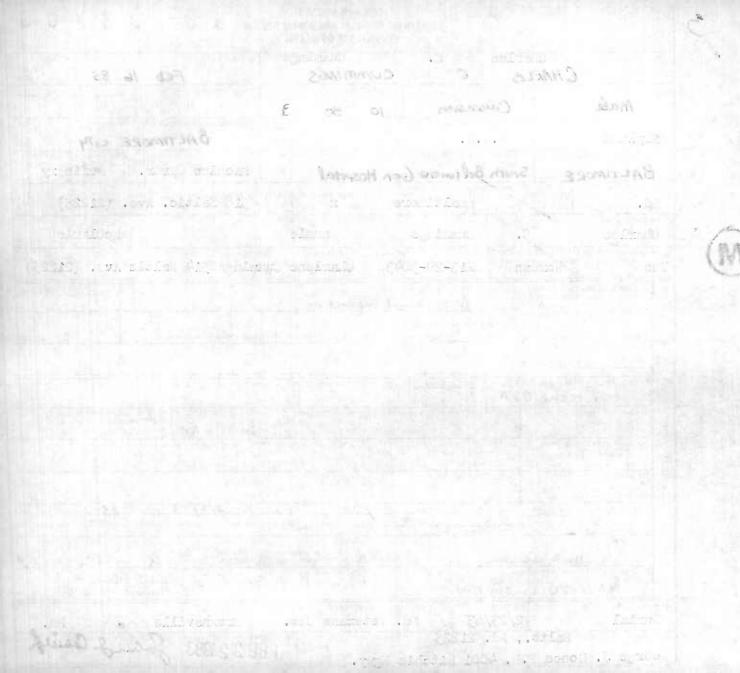
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	Male	Coucasion	MONTH 10		49	YRS	MONINS DAYS	HOURS
Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIEI		9 BALTIMORE CITY C	_	Y OF DEATH	
	BALTIMORE	111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	Gen H		Its usual occupat		IZB. KIND (INDUSTRY ReI	
13a. S	Id.	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY BALTIM		13d. INSIDE CITY LIMITS? YES NO	3.518 Balti	c. Av	e. (212	25)
	ather's NAME Chafles	C. Cumming	S	Mamille	ME		McCla	rie
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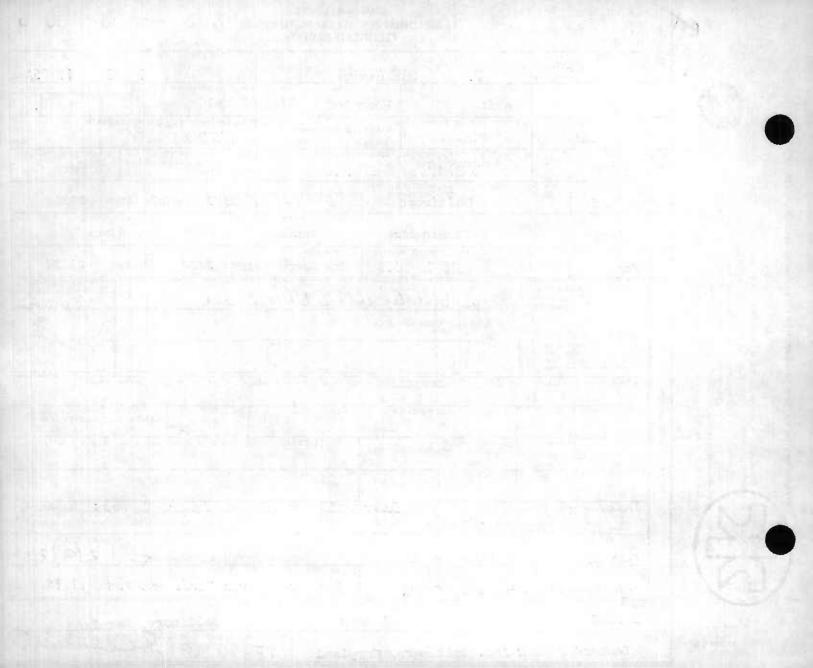
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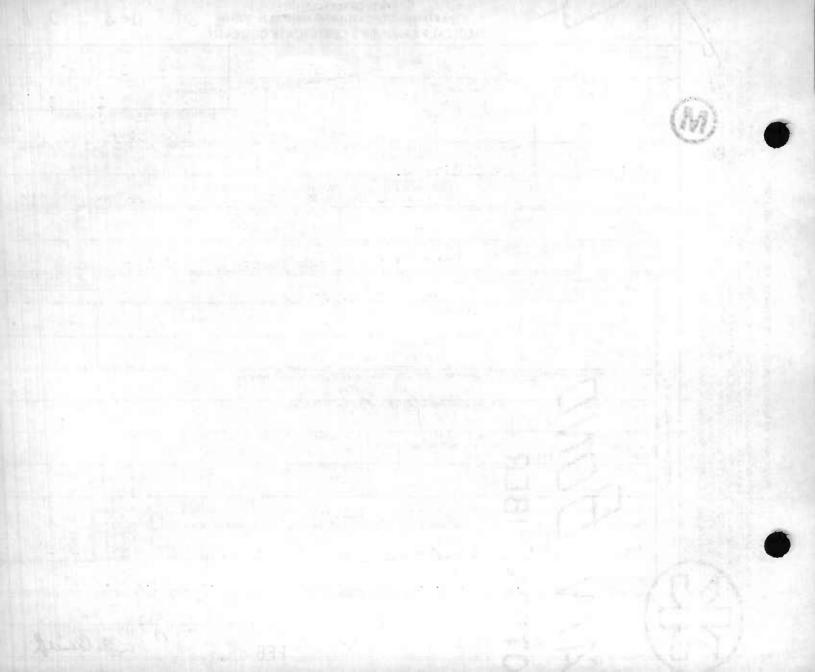


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BP		BURIAL, CREMATION, REMO	VAL 23b. D	2/12/83	230 NAME OF C			LOCATION CITY ORTOWN Baltime		county Maryla	state
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FL	JNERAL DIRECTOR Leonard J 1	Ruck I	nc. Balti	more, Ma		FEB	D. BY REGISTRAR L O 1983	25b. (E)GIST	TRAR'S SICN	Carried

STATE OF MARYLAND



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		18 CAUSE OF DEA	TH (Enter onl	y one cause per line	for (a), (b), and (c).)								BET'	PPROXIMATE WEEN ONSE	INTERVAL
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	1			of the remains desc	ribed ab	oue held on	Autop	sy [X].	Inspectio	. 🗆	la sur					
		death resulted fro		ol causes X ,	Accident		cide	Homici			Inquiry		ond in my	opinion		
		death resulted tro	m: Ngrure	or causes V.J.	Accident	L., 301	ciae 🗀			Undete	rmined mo	onner	3,			
		ACTUAL SIGNATURE	1	1 a (R)	D	_		TITLE (SP	stan	t			DAT	TE 7	2-22-	83
2	K.	SKIPHATURE	111	100	1			.D. 11331	31,011	MEDIO	CAL EXAM	AINER	SIG	NED		-
2		(TYPE OR PRINT)	Ann	M. Dixon	. M.).		ADDRESS 1	11 Pe	enn S	t., E	Balto	., Mc	d. 21	201	
_	23a.B	URIAL, CREMATION,				NAME OF CEM					CATION			====		
	- (5	Burial	2	2/28/83		d. Vet				CITYO	rown	esri.		OUNTY	M1	ATE
		JNERAL DIRECTOR						2	50. DATE I	REC'D. BY				SSIGNAT		A 1
1	N	m. C. Ma	arch I	/H 110	1 E.	. Nort	h Av	re.	EEG	R 2.4	100	1	-	20	shel	K
														M		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT.

Cureton

24

MARRIED W NEVER MARRI

190

LAST

5 DATE OF BIRTH MONTH

D.

CERTIFICATE OF DEAT

	REG. NO. 26. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	2-5-83	UA) TEAR	1198 ,
AR)9	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
D []	Baltimore CITY OR COUNTY Baltimore		MD.
N	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIP Steelworker	12b. KIND O INDUSTRY Stee.	F BUSINESS OR
IITS?	14 STREET ADDRESS 1423 Edmondson	Ave.	21223
EN NA	MIDDLE	niels 'AS	т
1 C	ureton 1423 Edmo	ondson A	Ave.
	METASTATIC	BETWEEN C	MATE INTERVAL

ID OF BUSINESS OR
21223
n Ave.
T IIO
NDINGS USED ISES OF DEATH?
21
STATE
the couses stoted ATE SIGNED 3/8/3
21

23c NAME OF CEMETERY OR CREMATORY

Md. National

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial,

marked or Item 18 shows

IMPORTANT: If Item 21

DHMH-16 25M (VRA 15, 4) 1/79

FOR

- STATE

3. SEX

1 DECEASED NAME (TYPE OR PRINT)

Male

COUNTRY)

TO BIRTHPLACE ISTATE OF FOREIGN

REGISTRAR

Edward

4 RACE

Black.

76 CITIZEN OF WHAT COUNTRY?

Rurial 24 FUNERAL DIRECTOR James A. Morton & Sons 1701 Laurens Street

236. DATE

2/9/83

23e BURIAL, CREMATION, REMOVAL

FEB

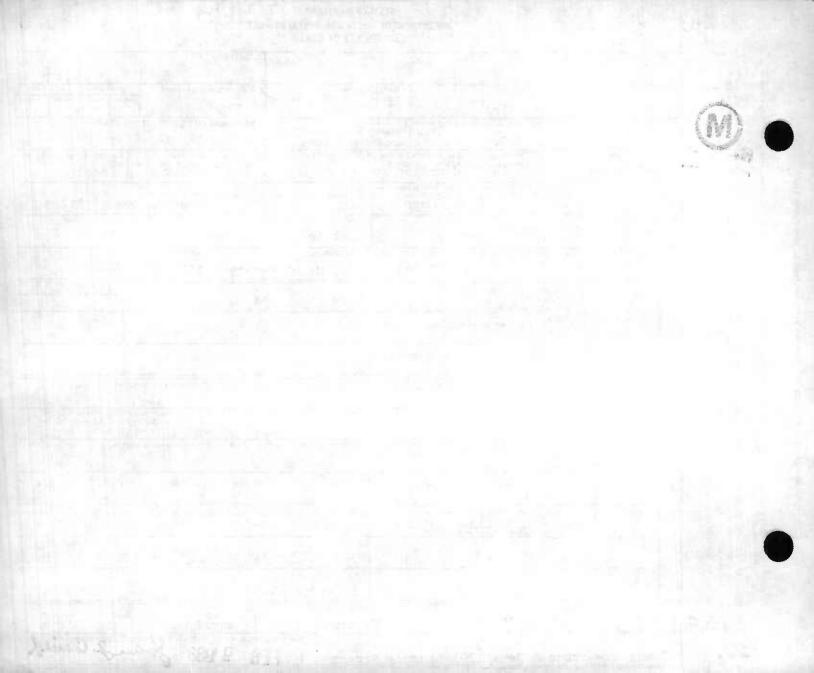
23d. LOCATION CITY OF TOWN

Laurel

250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE

COUNTY

Md.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME EDITH MILLOLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT Baby CURTIN 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER MONTH WELTER 45 mos. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto Agnes Hospital JOUAL RESIDENCE (IF NURS AND OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS Balto., Md. 3e STATE 13N EQUATY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 2622 Meanpel Lane YES K Balto. NOF

4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MICOLE LAST MIDDLE Pauline Balard Curtin James 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT S. Longwood Street Balto. Md. (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) #21229 Mr. Louis R. Cost 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF Conditions, if ony, which neumonia gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF otho underlying couse lost. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. ō 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OF TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from __ sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANT be St 22d. PHYSICIAN'S NAME (TYPE OF PRIMITE TIE ADDRESS should t HSIAN 6 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 BATE (SPECIFY) BP. 2-7-83 Loudon Park Cem

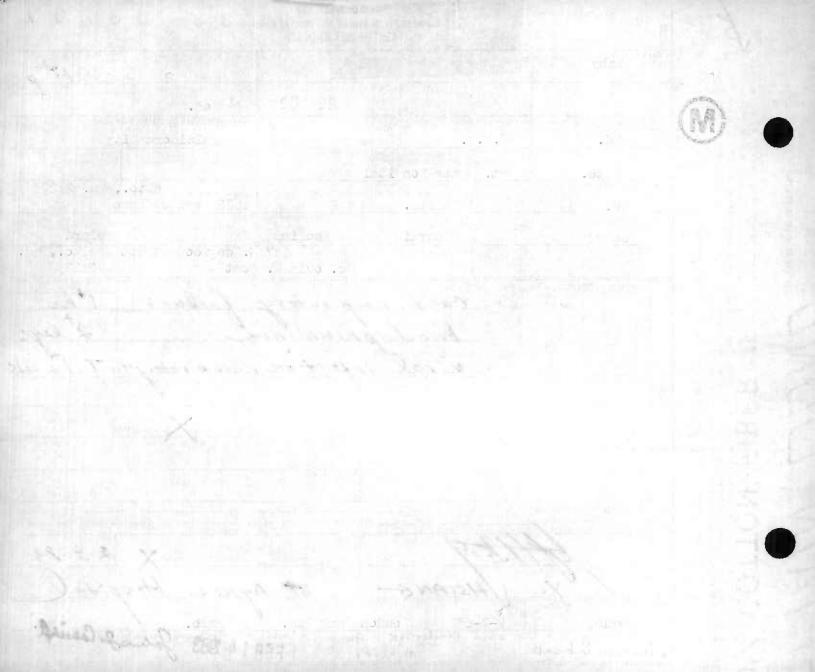
DHMH - 16 50M 1/B1

(VRA 15, 4)

Frederick

71778

Balto.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

2 26 53 5501	SWAAD		AVE A	
89	H & 8	and V		
1 To Secretary		1 20		
	A SIATINGS		[[] [] [] [] [] [] [] [] [] [
VIEW ALEVANDERSE	Series Series	CAR ST		
What Identify and to a	April 1955			
	Be noward 9			
			The state of the s	

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 3112 Sumter Ave. 21215 13928 Westfield Dr. Midlothian Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-5 Days PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE and that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 21245 Burial 2-19-83 Midlothian, Va. STATE 24 FUNERAL DIRECTOR Mims Funeral Home 1827 HullSt. Va.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

IF UNDER I YEAR

2b. HOUR

8:

20 DATE OF DEATH

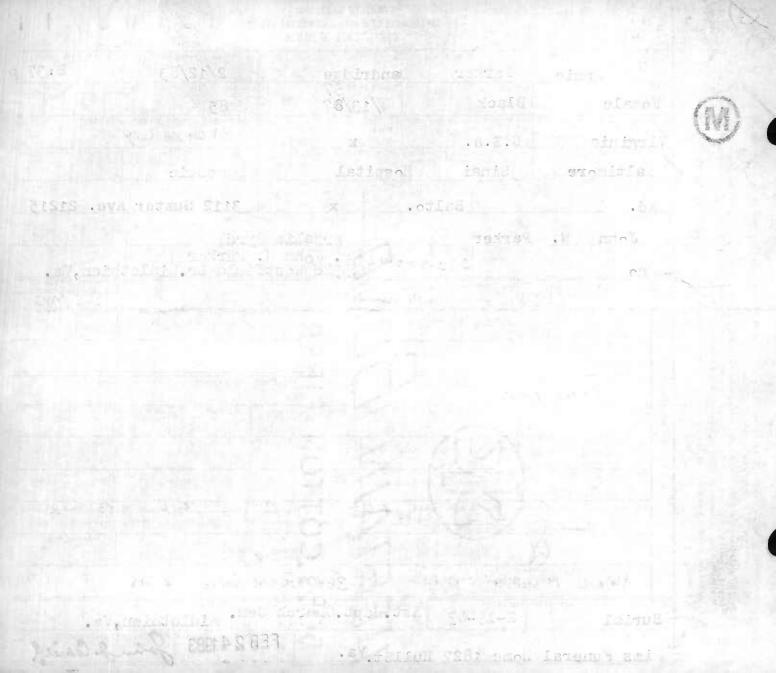
- STATE

REGISTRAR

I. DECEASED NAME

BP.

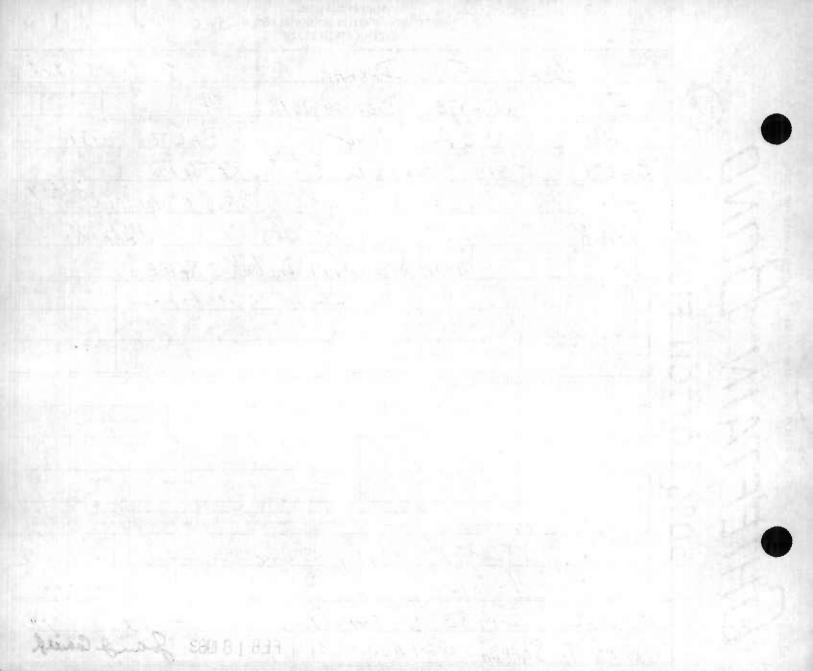
DHMH - 16 50M 1/81 (VRA 15. 4)



STATE OF MARYLAND

1914 Commission NIGLE SEEDING 10, 1909 41.8 M.S. A. 10 CARETONNA THE COURS INTEREST MORE THAN . PARTE TO SEE md - Balto. " 1808 1/ 1 don 34 JOHN W DAREY EVINA PARKET NO - RZE CECCENT COLOR DE BETT HOUT " SEETH SH TRINGUNG TOTAL STREET E-There is a second second by the second sec First 3-3-83 Edle Compley Pales 300 Calin B. Somage Bearing Page That Walled

L	FOR - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	GIENE 👸 🏅	0 3 /	1 3
(1	DECEASED NAME PRINT; VER SEX	MIDDLE F,]	ARLAK ATE OF BIRTH	6. AGE INYEARS LAST BIR	MONTH DAY YEAR 2-16-83 RIHDAY) IF UNDER 1 YEAR	2b HOUR 5106
1)	BIRTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTRY? 8.	SEC 29, 1898	84	YRS. MONTHS DAYS	HOURS MI
5	COUNTRY) MD.	U.S.A. WID	ARRIED NEVER MARRIED DOWED DIVORCED	BAL	TO. CIT	1
20	BALTO.	11. NAME OF HOSPITAL, NURSING HO	EU 87.	120. USUAL OCCUPAT (TYPES) WORK ESAMOST C	DE WORKING LIFE) INDUSTRY	OF BUSINESS (
13	DUAL RESIDENCE (IF NURSING HOME) 1. STATEMD. 136 COL		13d INSIDE CITY LIMITS? YES NO [2810 0	DONNECC	57.
DC 14.	FRANK FRANK	MIDOLE HOPDA LAST	15. MOTHER'S MAIDEN NA FIRST FIRST	WE	MALECT	ki.
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 10. SOCIAL SECURITY IN 1980 WAR OR DATES)	13 MARY DAR	LAK JA	MF	
NOI	Canditions, if any, which gove rise to immediate couse lot, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH			IDITION GIVEN IN PART 1	(0)
SERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSE: YES	NGS USED S OF DEATH?
			EAR 19	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	sow the deceased alive of	ortal) attended the deceased from	, 19 , ond that in (my) (aur) apinian DEGREE		ate and haur and from the	that (I) (we) causes stated SIGNED
	22d PHYSICIAN'S WAME (1499	OPPRINTY CROSS	ATTENDING PHYSICIAN X	A . BLUY		()-8)
236	BURIAL, CREMATION, REMOVA	1 23b. DATE 23c. NAME 2-19-83 87.	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	BNITO.	FYT
24	FUNERAL DIRECTOR	Kappa 2829 He	1050N ST. 1250 DAT	E REC'D. BY REGISTRAR B 1 8 1983	256 EGISTRAR'S SIGN	TURE



#	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	3 7	14
		CEASED NAME E OR PRINT)	FIRST E	MILY	R.		SHIELL	2a DATE OF DEATH	2 8	R 83	26. HOUR 930 M
	3. SE	x Femal		4 RACE Whit	te	S. DATE O		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
M	1	IRTHPLACE (STATE OR F COUNTRY) Marylan ITY OR TOWN OF DEA	d	US		MARRIE WIDOWI	D NEVER MARRIED STORY OTHER INSTITUTION	9. BALTIMORE CITY O Baltimol 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	re Cit	Y126. KIND O	MD.
35	13a. :	Md. ATHER'S NAME FIRST Charle	ING HOME OR	MIDDLE W.	ick Hor. GIVE RESIDENCE BEFO 13c. CITY OR TOV Balto. LAST Dashi	nė RE ADMISSION) WN	YES NO NO SI	WE		2/2/1 rsity Dashie	8 Pkwy.
medico		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? (WAR OR DATES)	215 10		Mrs. Virgi	nia S. Car			MATE INTERVAL
injury, ar other traumatic even	z	Conditions, if ony, gove rise to imm couse (ol), storin underlying cause	which nediote g the lost.	DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVE	N IN PART FIG	days
Sen y	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
MPORTANT: If Hem 21 is morked or Item 18 sho	MEDICAL CERT	218. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOT WHAT WORK AT WO! 270.1 certify that (1) sow the decess oboves (1) we) [6]	AUSE OF DEA CAL EXAMINER! RED	TH HOUR A P. 21e PLACE (AT HOME, ST	M. MONTH E M. OF INJURY REET, FACTORY, OFFICE Re deceased from	FARM, ETC.)	211 LOCATION STREET 19 19 19 10 10 10 10 10 10 10	CITY OR TO	WN	COUNTY 9 83 ,	STATE that (h we) ast
PORTANT: If Hem		22d PHYSICIAN'S N	(TYPE O	Richar	on, M.	n)	ATTENDING PHYSICIAN [220 ADDRESS Keswick H	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗆	22c. DATE 8 FC	SIGNED B 1983
3		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236. DATE 2/10	/83	Lorra	emetery or crematory aine Park	23d LOCATION CITY OF TOWN Balto.	, project		STATE

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

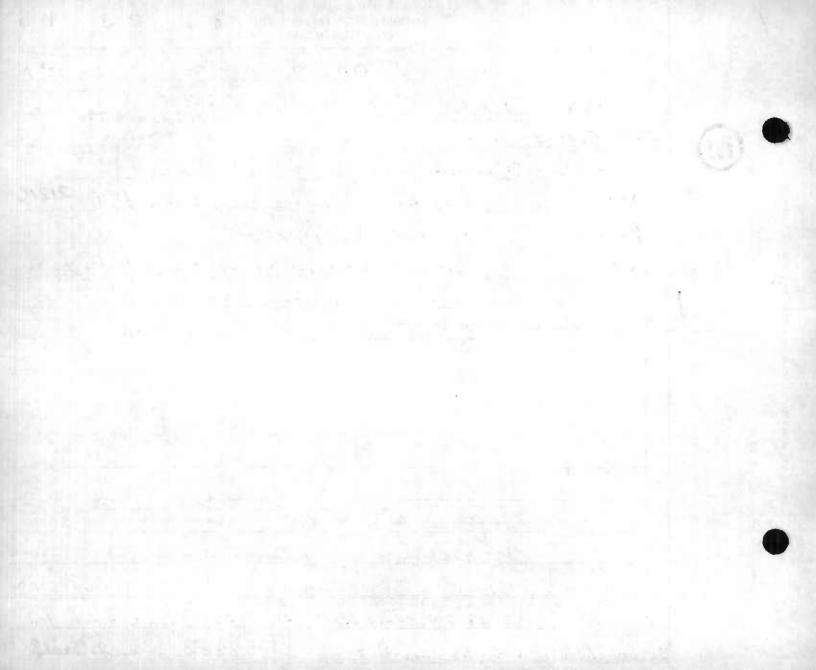
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Jenkins York Road Balto.

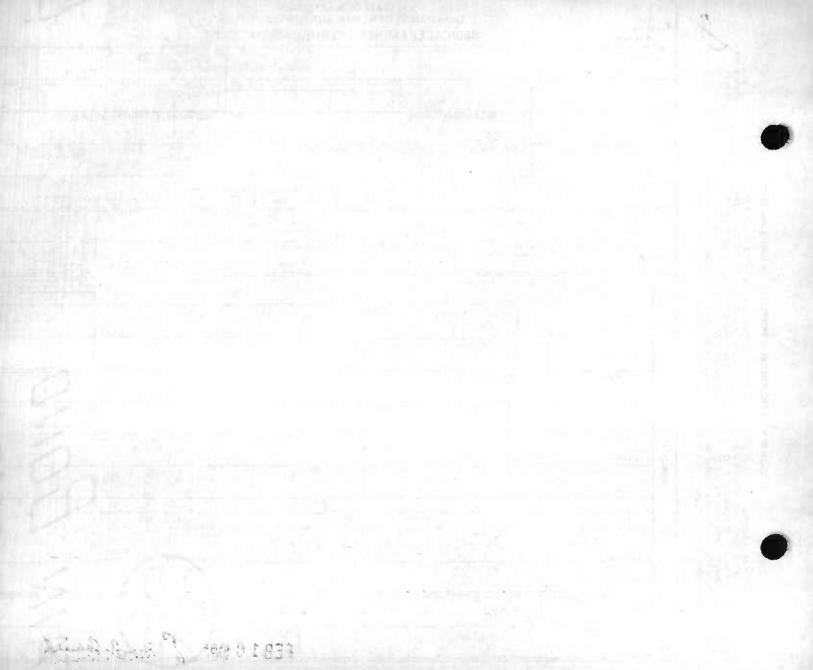
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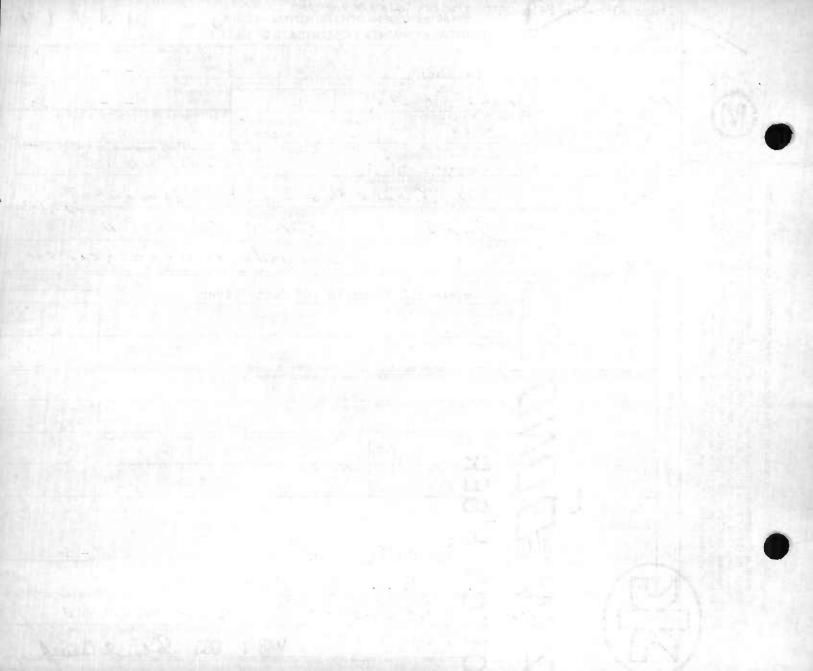
THE DOUGH Y IN A ... Manufic Miles - Adectif Him Ed .W. carbon. for the training of the state o Number C. Pichighton, W. E. Karvick Lome, Brito., MDM. unil 1 1125 | ornaine Para teamy to be mind to some co. Stell Steller Teller, and Steller Teller



2/1	FOR - STATE REGISTRAR		STATE OF EPARTMENT OF HEALT DICAL EXAMINER'S			03/16
	PECEASED NAME FIRST	Flis	zabeth na	LAST	20 DATE KNOWN OF ESTI- DEATH MATED	
3.5	E CT TO ME SERVE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON	VIS NDER 1 YR. IF UNDER 24 H THS DAYS HOURS MI	HRS. 2c. DATE	2 12 12 83 11 19
7a.	emale Black BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH.	MAR	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
H S H S H	Virginia CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FAC	ITAL, NURSING HOME, OR OT ILITY, GIVE STREET ADDRESS) Lafayette	A	Baltimor USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	
RETAIN PRETAIN PRETAIN PRETAIN PRETAIN PRECORDS	JAL RESIDENCE (IF IN NURSING HOME OF STATE 13b. COUN		RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore		STREET ADDRESS 2549 W. Lafa	yette Ave 21216
0 = 2 = 0	FATHER'S NAME FIRST Ben	MIDDLE R.	Robinson	15. MOTHER'S MAIDEN N	IAME MIDDLE	Tucker
7 100.	(YES, NO, OR UNKNOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 215–18–6178	Shelton Ro	binson 4731	Belle Forte Rd.
CAL EXAMINER ALCHORDS BURIAL - TRANSIT FERM AND MENTAL HYGIENE AATION, OR REMOVAL.	Canditions, if any, which gove rise to immediate couse (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	DBY: TE CAUSE (a) Car DUE TO, OR A (b) DUE TO, OR A	CINOMA OF BYPEA AS A CONSEQUENCE OF		0	BETWEEN ONSET AND DEA
USED AS OF HEALI RIAL, CRI	19a DATE OF OPERATION	19b. CONDITI	on for which operation v	WAS PERFORMED?		20 AUTOPSY?
E 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH OF PRIOR TO BURIAL, CREA MEDICAL CERTIFICATION	21d EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M.	MONTH DAY YEAR	OCATION STREET	NTER NATURE OF INJURY IN ITEM I	YES NOX STATE OF PART 2)
ALTIMORE, MARYLY	22a certify that took charged death resulted form: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) BURIAL CREMATION REMOVAL 2	s F. Smyt	ribed above, held on Auto pacident , (Suicide)	psy , Inspection Hamicide , U III (SPECIFY) A.D. Assistant ADDRESS 111 P	Inquiry XXX of the control of the co	ond in my opinion], DATE SIGNED_2-12-83
24.	FUNERAL DIRECTOR	2/15/83	Md. Veteran	Cemetery	Crownsville	
- 17 AE (5)) /82	m. C/ March F/H	Inc. 1101	E. North Aven	ue FEB1	6 1987	J. Court



	REGISTRAR ECEASED NAME	FIRST	77.20	MIDDLE XAMI		AST	20. DATE KNOW	NATA MONTH	DAY YEAR	26 HO
{17	PE OR PRINT]	DOREEL	d (DV	(चाराचा वा	DAVIS		OF ESTI- DEATH MATEI		-97 10	
3 SE	X 4. RACE	5 [ATE OF BIRTH	ORENE)	YEARS IF UND	ER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH	DAY YEAR	2d. HO
1	E Blac	10 "	ONTH 2DAY	SH 29	YRS.	DAYS HOURS	MIN. PRONOUNCED DEAD	2-22	-83 19	7:17
E	BIRTHPLACE (STATE OR OREIGN COUNTRY)		CITIZEN OF WH		8 MARRIE	D NEVER MARK	BALTIMORE C			
	ALTIMORO		115		WIDOWE	D DIVOR	Baltimo	ore Cit		N
10. (ITY OR TOWN OF DEATH	111.		PITAL, NURSING HO! CILITY, GIVE STREET ADDRESS		RINSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	0R INDUSTE	
icii	Baltimore AL RESIDENCE (IF IN NURSII	NC HOUS OR OT		cour Hospi			Maranolo	de D	DETUE.	
3a.		b COUNTY	TER INSTITUTION, GIV	Bank Me	1	3d INSIDE CITY LIMITS? YES ₩ NO □	13e. SIREET ADDRESS	www	5 N	
-	ATHER'S NAME			W22 2011 110		IS MOTHER'S MAID			2/3	17
	FIRST Ja	nvo	DOLE 1) A	U/Shast	1	Lula	- LUDDIC	e-050 h	/ LAST	
	WAS DECEASED EVER IN	U.S. ARMED		16b. SOCIAL SECUR	ITY NO.	7. INFORMANT	ADD	RESS		
	no	TES, ONE WAR	ON DATES)		- 1	Kusus	senes 112	0 4.4	tend o	00
	18 CAUSE OF DEATH	(Enter anly ar			1/1=9				APPROXIMATE BETWEEN ONSET	INTERVAL
	PARTIDEATH WAS	MMEDIATE C		ocardial f	fibrosi	s and fat	ty liver			
100	4290		DUE TO, OR	AS A CONSEQUENC	E OF	1				
	Canditians, if any gave rise to im	mediate	(b)					1		
	cause (a) stating th lying cause last.	e under-	DUE TO, OR	AS A CONSEQUENCE	E OF					
			(c)							
z	PART 2 OTHER SIGNIFICANT CO	ONOITIONS CONT	RIBUTING TO OEATH I	BUT NOT RELATED TO THE TE	RMINAL DISEASE (OR CONDITION GIVEN IN PA	ART 1 (a ·			
MOITA							ART 1 (0.		20 ALITOPSY2	
IFICATION	PART 2 OTHER SIGNIFICANT CO			OUT NOT RELATED TO THE TE			ART 1 (a.		20 AUTOPSY?	
ERTIFICATION		ON	196, CONDIT	ION FOR WHICH OP	ERATION WA	S PERFORMED?	ART 1 (a. ED LENTER NATURE OF INJURY IN ITI	EM 18 PART 1 OR PA	YES, X	NO [
AL CERTIFICATION	190 DATE OF OPERATION 210 EXTERNAL CAUSE UNDERLYING OP	ON WAS	196. CONDIT	INJURY MONTH DAY YE	ERATION WA	S PERFORMED?		EM 18 PART I OR PAI	YES, X	
4	19a DATE OF OPERATION 21a EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CONTRIBUTION OF CONTRIBUTI	ON WAS USE OF DEA	216 TIME OF HOUR A.M TH P.M.	INJURY MONTH DAY YE MONTH DAY YE 19 OF INJURY (ATHOME,	ERATION WA	S PERFORMED? W INJURY OCCURRI	ED LENTER NATURE OF INJURY IN ITI		YES X	NO [
	19a DATE OF OPERATION 21a EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CONTRIBUTION OF CONTRIBUTI	ON WAS USE OF DEA	216 TIME OF HOUR A.M TH P.M.	INJURY MONTH DAY YE	ERATION WA	S PERFORMED?			YES, X	
4	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA	ON WAS USE OF DEA	21b TIME OF HOUR A.M TH P.M. 21e PLACE C STREET, FACT	INJURY . MONTH DAY YE . 19 PF INJURY (AT HOME, ORY, FARM, ETC.)	AR 21t. HO	S PERFORMED? W INJURY OCCURRI	ED LENTER NATURE OF INJURY IN ITI	СОЯ	YES (S)	NO [
4	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA 21d. INJURY OCCURRED WHILE NOT WAT WORK AT WORK AT WOR	ON WAS USE OF DEA D HILE RK	21b TIME OF HOUR A.M. 21e PLACE C STREET, FACT.	INJURY MONTH DAY YE STINJURY (AT HOME, ORY, FARM, ETC.)	AR 21c. HO	S PERFORMED? W INJURY OCCURRI	CITY OF TOWN		YES (S)	NO [
4	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA	ON WAS USE OF DEA	21b TIME OF HOUR A.M. 21e PLACE C STREET, FACT.	INJURY MONTH DAY YE FINJURY (AT HOME, ORY, FARM, ETC.)	AR 21t. HO	S PERFORMED? W INJURY OCCURRI ATION MEET Inspectic Hamicide	ED LENTER NATURE OF INJURY IN ITI	СОЯ	YES (S)	NO [
4	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING OR AT WORK AT WORK 220 I certify that I to death resulted fram:	ON WAS USE OF DEA D HILE RK	21b TIME OF HOUR A.M. 21e PLACE C STREET, FACT.	INJURY MONTH DAY YE STINJURY (AT HOME, ORY, FARM, ETC.)	AR 21c. HO	S PERFORMED? W INJURY OCCURRI ATION MEET Inspection Hamicide TITLE (SPECIFY)	CITY OR TOWN In	ond in my op	YES, DUNTY	NO _
4	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING AT WORK	WAS USE OF DEA D HILE RK Natural co	21b TIME OF HOUR A.M TH P.M. 21e PLACE C STREET, FACT: the remains described by the street of the st	INJURY MONTH DAY YE 19 SF INJURY (AT HOME, ORY, FARM, ETC.) cribed above, held an Accident ,	AR 21c. HO	S PERFORMED? W INJURY OCCURRI ATION WEET Inspection Hamicide TITLE (SPECIFY) Assistan	CITY OR TOWN Inquiry Undetermined manner MEDICAL EXAMINER	ond in my op	YES (S)	NO _
4	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING OR AT WORK AT WORK 220 I certify that I to death resulted fram:	WAS USE OF DEA D HILE RK Natural co	21b TIME OF HOUR A.M TH P.M. 21e PLACE C STREET, FACT: the remains described by the street of the st	INJURY MONTH DAY YE STINJURY (AT HOME, ORY, FARM, ETC.)	AR 21c. HO	S PERFORMED? W INJURY OCCURRI ATION WEET Inspection Hamicide TITLE (SPECIFY) Assistan	CITY OR TOWN In	ond in my op	YES, DUNTY	NO _
WEDICAL WEDICAL	210 EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING AT WORK AT WORK 220 I certify that I to death resulted from:	WAS USE OF DEA D HILE RK Natural co	21b TIME OF HOUR A.M. 21e PLACE C STREET, FACT. the remains described by the remains described	INJURY MONTH DAY YE 19 SF INJURY (AT HOME, ORY, FARM, ETC.) cribed above, held an Accident ,	AR 21c. HO 21f. LOC STI	S PERFORMED? W INJURY OCCURRI ATION MEET Inspectic Hamicide, TITLE (SPECIFY) ASSISTAN DDRESS111	CITY OR TOWN Inquiry Undetermined manner MEDICAL EXAMINER	ond in my op , DATE SIGNE	YES, (1) UNITY Dinion 2-23-83	NO _



njury, or other troumotic event, th

MPORTANT: If Irem 21 is morked or Irem 18 sho

STATE OF MARYLAND

1.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME FOR PRINTS	irst EL	M	AIDDLE	DAV	IS	FEBRUAR	MONTH DAY	1983	26. HOUR 12:09	PM
3. SE	× Female	4. RA	Whi	te	July	y 30, 1963	6 AGE IN YEARS LAST BIR	YRS.		IF UNDER 24 H	HRS AIN.
	RTHPLACE (STATE OR FORE COUNTRY) Maryland		U.S		WIDOWE	44/	BALTIMORE CITY O	E CITY			MD.
BAI	ITY OR TOWN OF DEATH LTIMORE	U	VION N	EMORIAL	HÖSPI	TAL	(TYPE OF WORK FOR MOS) OF HOUSEWI		HOME	F BUSINESS	OR
130. 5		COUNTY Balti		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 21234		134. INSIDE CITY LIMITS?		kawann	a Ave	212	34
	ATHER'S NAME FIRST Compared	E.	E	Hughes		Janie	MIDDLE		Char	man	
	VAS DECEASED EVER IN YES NO OR UNKNOWN) (1		FORCES?	214-14-		A Doris E.	Schroede	8744		cawan	na
	Conditions, if ony, w gove rise to immed couse (o), stoting underlying couse	CAUSED BY MEDIATE CA hich liote the lost.	DUE TO, OF	CARDIC RAS A CONSEQUE ANTARIA RAS A CONSEQUE CORON	NCE OF		POIAL INFAM		2 Y	ON TY	
CERTIFICATION		RT4N	516N	; HMP0	THYR	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	IGS USED	
MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE AT WORK AT WORK	SE OF DEATH EXAMINER)	P./ ?le PLACE (M. MONTH DA	19	21t. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		OR PART 2)	STATE	E
	27a. I certify that (I) (the sow the decaded obove, (I) (we) (did) 27b. SIGNATUS	-	1 1 1 1	- 0		nd that in (my (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the d	FF _ /	22c. DATE		d
	22d PHYSICIAN'S NAMI CHARLES	ROSEN	FARB,			<u>L</u>	ORIAL HOSPIT	TAL			
230. I	BURIAL, CREMATION, REA	MOVAL 23	b. DATE	23t. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 50M 4/B2 (VRA 15, 4)

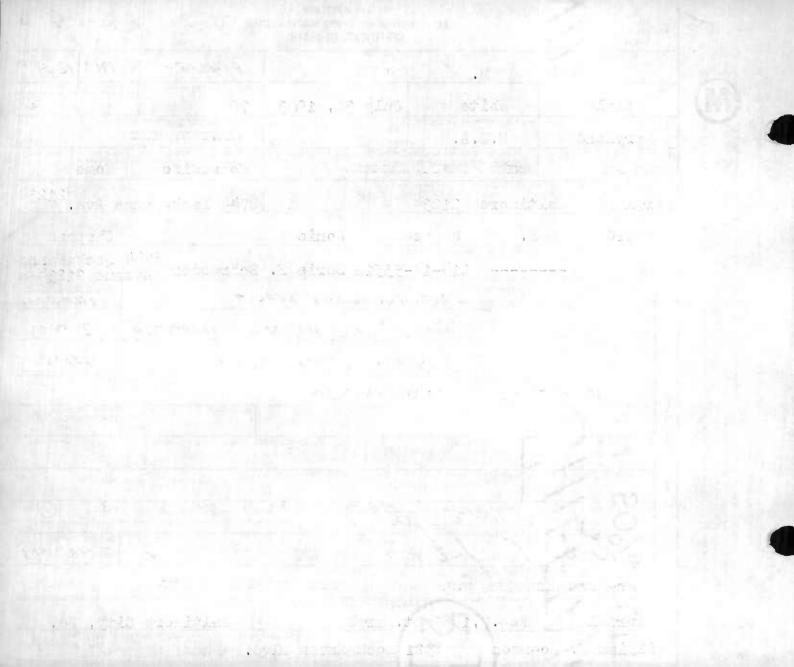
24. FUNERAL DIRECTOR
William E. Johnson

Burial

Feb.7,1983 St.Mary's 8521 Loch Raven Blvd

750 DATE REC'D.

BY REGISTRAR 25b. REGISTRAR'S SIGNAPORE



3. SEX Ma 7. BIF FOR S 10. CIT	ale Black RTHPLACE (STATE OR REGION COUNTRY) 5. Carolina TY OR TOWN OF DEATH Raltimore RESIDENCE (IF IN MURSING HOME (RESIDENCE (IF IN MURSING HOME (5 DATE OF BIRTH DAY OF 6 76. CITIZEN OF WE U.S. 11. NAME OF HOS (HE NOT HIS SUCH FA 2432 Bar OF OTHER INSTITUTION, OF	YEAR 23 HAT COUN' A. PITAL, NUR CLITY, GIVE ST	6. AGE (IN YEAL LAST BIRTHDA 61 YR TRY? SING HOME REET ADDRESS) Street	DAV RS IF UN MONTH S. MARRI WIDOW , OR OTH	LAST LS DER T YR. HS DAYS DAYS MED NEV	IF UNDER HOURS	D Bal		X X 2-2: MONTH 2-2: OR COUNT		5:54 <u>/</u>
M a 7.8 BIF S S 10. C II	A. RACE Black RTHPLACE (STATE OR REIGH COUNTRY) S. Carolina TY OR TOWN OF DEATH REST THE PROPERTY OF THE PROPE	76. CITIZEN OF WE U.S. 11. NAME OF HOS (IE NOT IN SUCH FA 20 B at DR OTHER INSTITUTION OF	A. PITAL, NUR CHITY, GIVE ST	LAST BIRTHDA 61 YR TRY? SING HOME REET ADDRESS) Street	RS IF UN MONTH S. MARRI WIDOW , OR OTH	DER T YR. HS DAYS DED MEV	ER MARRII	PRONC DI 9. BAL	DUNCED TIMORE CITY	MONTH 2-23 OR COUNT	3-83 ₁₉ Y OF DEATH	5:54/
10. CIT 10. CIT 11. UA 30. ST 14. FA	REIGH COUNTRY) 5. Carolina TY OR TOWN OF DEATH RESIDENCE (IF IN NURSING HOME OF TATE Maryland ATHER'S NAME	U.S. 11. NAME OF HOS (IE NOT IN SUCH FA 2432 Bar or ther institution, or	A. PITAL, NUR CILITY, GIVE ST CLAY VE RESIDENCE I	ISING HOME REET ADDRESS) Street	, OR OTH	ED 🗆	DIVORCE	□ □ BaL	timore	City		MD
14 FA	Raltimore ALRESIDENCE (IF IN NURSING HOME OF TATE Maryland 13b. COUN	2432 Bar	CILITY, GIVE ST	Street		ER INSTITUT	LOAL	12- LICITAL OC	CUPATION IT	VDE OF WORK	LOL MINIO OF O	
3a ST M 14 FA	Maryland 136 COUN	OR OTHER INSTITUTION, GI		DECORE ADMICE			ION		WORKING LIFE)	TPE OF WORK	OR INDUS	USINESS TRY
16a. W	ATHER'S NAME EIRST			ORTOWN 1 timo		13d. INSIDE (II YES 🔀	NO 🗌	13e STREET AD 2432	DRESS Barcl	ay St	. 2121	. 8
16a. W. (YE		MIDDLE		AST			RST	NAME	WIDOLE		LAST	
	VAS DECEASED EVER IN U.S. AR. ES. NO, OR UNKNOWN) (IF YES, GIVE Yes	MED FORCES? WAR OR DATES)		26-06		17 INFORM		is 243	2 Bar		Street	
NO	gave rise to immediate couse (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR		SEQUENCE C		E DR CONDITION	GIVEN IN PAR	T 1 (q)				
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR V	WHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOPSY	? NOXX
SAL CER	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH	DAY YEAR			OCCURRE	LENTER NATURE C	OF INJURY IN ITEM 1	18 PART 1 OR PAR	श 2)	
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE C STREET, FACT	OF INJURY FORY, FARM, ET			CATION		CITY O	RTOWN	COL	UNTY	STATE
	22a. I certify that I took charged death resulted from: Natural ACTUAL SIGNATURE	ge of the remains des ral causes XX,	Accident		Autops	, Homici	Inspection de	Undetermined MEDICAL E	d manner	DATE	2-23-83	
	EXAMINER'S NAME (TYPE OR PRINT) Ma	rgarita A	23c. N	AME OF CEA	AETERY O	ADDRESS	RY	Penn St	N .	• COUN	4TY	STATE
24. FU	UNERAL DIRECTOR						50. DATE R	EC'D. BY REGIS				Yd.

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								AARYLAND			4764	9108 3	13 13
	2.	1-	FOR STATE REGISTRAR			ARTMENT OF				NE S	REG. NO.	3 /	20
				RST	MIDD	LE		LAST			IOWN D		EAR 26 HOUR
ASE	CTOR.	_			M		DAV			DEATH M	ATED 12	2-8-83 19	M
×, PLE	S S S S S S S S S S S S S S S S S S S	3. SE	M Blace	MO	ATE OF BIRTH	6. AGE (IN	DAY)	DER I YR. IF	OURS MIN:	S. 2c. DATE PRONOUNCE DEAD		2-8-83	10:03P
SSAR	MAI		RTHPLACE (STATE OR	7b. C	ITIZEN OF WHAT C		Ta.	IED NEVER	D ALABBIED [9. BALTIMOI	RE CITY OR C	OUNTY OF DEAT	
NEGE		50	PREIGN COUNTRY)	*	USA		WIDOV	VED 🔀 I	DIVORCED [Baltim	ore Ci	tv	MD.
AY IS	HA H		ITY OR TOWN OF DEATH	(NAME OF HOSPITAL	GIVE STREET ADDRESS)	ier institutio		JSUAL OCCUPA OR MOST OF WORKIN	IG LIFE)	OR IND	
PE .	SS B S	USU.	altimore AL RESIDENCE (IF IN NURSING H	HOME OR OTHE	riversity	HOSDITA DENCE BEFORE ADMIS	SION)		1100	r LAN	0 % 6 A	10457	K. O 49/10
21201 ANY	2, AND 3 TO THE FI. 3. RETAIN PAGE SHOULD BE FILED. IL RECORDS, 201			OUNTY	124	CITY OR TOWN		YES -	LIMITS? 13e S	TREET ADDRESS	third	KAR	54
RE, MD.	N N N N N N N N N N N N N N N N N N N	14. F.	ATHER'S NAME	7) MIDI	DLE PS	LAST		IS, MOTHER'S	MAIDEN NA	ME	LE	LAST	2
BALTIMORE, S AFTER DEA	NE PAC T FORM GES 1 SION C	16a. \	VAS DECEASED EVER IN U.S. ES, NO, OR UNKNOWN) (IF YES	S. ARMED F S, GIVE WAR OF	R DATES)	SOCIAL SECUR		17. INFORMA	NT		ADDRESS	Strian	ER St
. ~	2 × × × × × × × × × × × × × × × × × × ×	F	18. CAUSE OF DEATH (En	ter anly ane	cause per line far (a), (b), and (c).)						APPROX	IMATE INTERVAL
PRESTON ST.	ITEM 18. LONG W PERMIT. GIENE, D		PART I DEATH WAS CA	AUSED BY: EDIATE CA	USE (a) Arte	rioscle	rotic	cardio	vascula	ar disea	se	Detweet	
STO 24			4292	(DUE TO, OR AS A								
# E	NCIL IN INER A RANSIT ITAL HY R REMC	_	Canditians, if any, y		(b)								
¥ ×	₩ ¥ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩		cause (a) stating the <u>u</u> lying cause last.		DUE TO, OR AS A	CONSEQUENCE	E OF						
. 201 UTED	AND WILLIAM AND WI		Tyling Coose loss.	((c)								
CORDS	"PENDING" IN IT IF MEDICAL EXA ED AS A BURIAL HEALTH AND MI IL, CREMATION,	N	PART 2 OTNER SIGNIFICANT CONO	ITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEA	E OR CONDITION GI	IVEN IN PART 1 (g)			u Key T	
. REC	HEALEN —	¥	190. DATE OF OPERATION	1	196 CONDITION	FOR WHICH OP	ERATION V	AS PERFORME	D?			2D AUTO	PSY?
ITAI HOU	SED OF HE	I SE										YES	ZXON
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC	WRITING THE WORD "PR ARDED TO THE CHIEF A GGE 3 SHOULD BE USED. ATE DEPARTMENT OF HE. (20) PRIOR TO BURIAL,	CALCERTIFICATION	210 EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE		216 TIME OF INJU HOUR A.M. MO			OW INJURY O	CCURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
/ISIG	3 SHOPPRICE TO THE PRICE	MEDICAL	21d INJURY OCCURRED		21e PLACE OF IN.			CATION		CITY OR TOWN		COLLETT	STATE
PIS CHIS C	E, WRIT SWARDE PAGE STATE D , 21201	2	AT WORK AT WORK	E	STREET, FACTORT, FA	nem, etc.)				CITY ON TOWN		COUNTY	SIAIE
ä	NE S. L.		22a I certify that I taak	charge of t	he remains described	l abave, held an	Autas	sy , li	nspection XX	, Inquiry	, and in	my apinian	
A N	YA I	1	death resulted fram:	Natural car	uses XX Accid	dent 🔲, S	Suicide	, Hamicide	e Und	determined mann	ner .		
	WAR WAR		ACTUAL N	11.	95 A	4/1	4	TITLE (SPE				DATE 2.0	
3	THE CER SHOUID RAL DIR SATH, WI SRE, MAR	1	SIGNATURE	1419	to the	The	<u> </u>	Assist	ant M	EDICAL EXAMIN	IER	SIGNED 2-9	-83
MEDICAL	EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR PORT TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		EXAMINER'S NAME	l Margar	ita A Ko	rell M	n	ADDRESS1	11 Penr	Street			
0	PACT BAL	23a.B	URIAL, CREMATION, REMO	101		23c. NAME OF C	EMETERY C	R CREMATOR		LOCATION	n	VOUNTY	STATE
E	BP	74 F	UNERAL DIRECTOR	14/	16/83	1777	MV!	12 1 Ro A		BY REGISTRAR	7 o REGISTR	AR'S SIG TIPE	30
	DHMH - 17 R A15 ME (5))	7	Mars fore	PH	ang ADDRESS IC	38 N C	colo		FEBTE	1983	John	J. Com	4
	15M 2/80							7-1					

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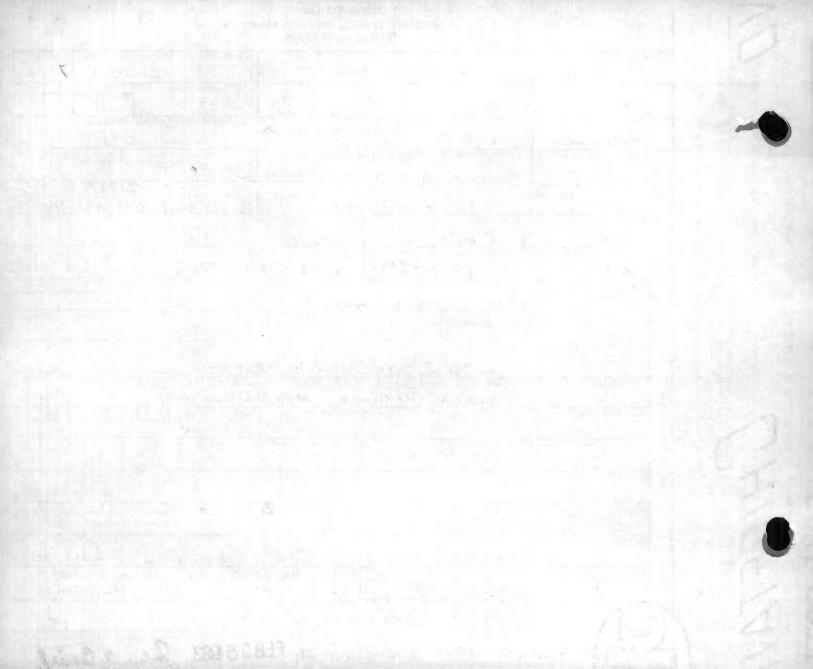
AND AND ADDRESS OF THE PARTY OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

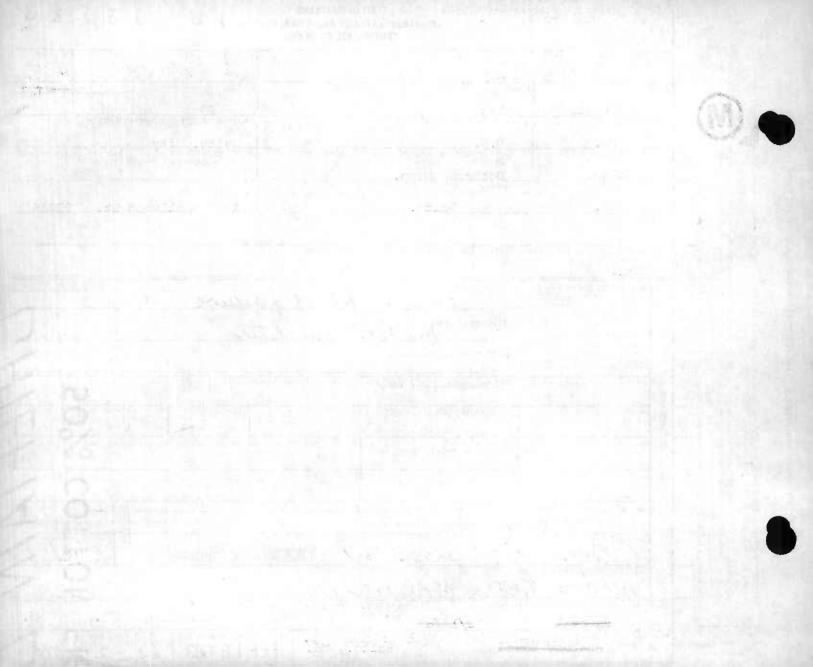


FEB 22 1882 Jang Co. 46

1 1	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 5	03/	2 2
	1. DECEASED NAME	FIRST	IDDLÉ	LAST		MONTH DAY YEAR	2b HOUR
oth oth		HERINE	A	DAY		2 10 83	7.45 P.M
(M)	3. SEX	4 RACE	MI	E OF BIRTH DAY YEAR 55	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
THE BS	COUNTRY) MARY LA			RIED NEVER MARRIED WED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH	MD
y the fu	BALTIMOR	EATH 11. NAME OF H	OSPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 125 KIND C	OF BUSINESS OR
filled in bound be filled in bou		PRING HOME OF OTHER INSTITUTION		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Po. 757 DW	21217	Dr. F
mpletely ond 2 sh	14 FATHER'S NAME FIRST JAMES	MIDDLE	Mc DONALD	15 MOTHER'S MAIDEN N FIRST TOVCE	AME MIDDLE	DA	
n and co	160 WAS DECEASED EV (YES NO OR UNKNOWN)	R IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]	166 SOCIAL SECURITY NO 217-96-659		Ebb 757	SS Devid PAR	Klaka On
DS, 201 W. PRESTON ST quires that the death certi signed by the othending p hen please remove carban to burial, cremation, or ren jury, or other traumatic ev		DUE TO, OR To, which mmediate ting the isse last. CO GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH	F 1 PHOBLESTIC L BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	0.
has been been permit. The permit. The permit. The permit of the permit o	NO 190 DATE OF OPEN	CAND 196 CONDIT	TION FOR WHICH OPERA		VESTIS 200 AUTOPSY? YES NOS	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	
TYSICIAN: The ding physician burial-transit p. Mental Hygier or them 18 show	OR CONTRIBUTION	CAUSE OF DEATH HOUR A.A	A. MONTH DAY YE	21c. HOW INJURY OCCU AR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
ortending offer this co as the buri	(IF EITHER NOTIFY M 21d INJURY OCCU WHILE NOT AT WORK NOT		OF INJURY EET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	16 1.814	STATE
TENDI rtol or rtol or	, ,	(II) (this hospital) attended the ased alive an 2 / (0 (did) (did not) view the body of		, and that in (my) (aur) apinian	, 10		that (we) last causes stated
TAL OR AT by the hosp by the hosp Ral DiRECT deteched to tote Dept o) - Homed	0	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 2/	10/83
TO HOSPITAL Cretained by the TO FUNERAL should be detail with the Store Limportant: if	J.	HORNEDO		22 5. GRE		A COUNTY PAR	
BP	23a BURIAL, CREMATION ISPECIE PENAT	101.011	33 WESTV		1 Catorsus		put STATE
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	- XAPRE	7 ADDRESS MC	10/ 57 FF	B 2 5 1003	255 REGISTRAR'S SIGNAT	TURE



+	1.	FOR / / / / / / / / / / STATE REGISTRAR	.576, Gbj.	& 24, (2/2) DEPARTA	MENI UF H	EALTH AND MENTAL HYG ICATE OF DEATH		0 0	i din
1 75		CEASED NAME FIRE	000"	MIDDLE	Di	AST	REG. NO		EAR 26 HOL
10 00 00 00 00 00 00 00 00 00 00 00 00 0	3 SE	×	1 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		
(M)	1 20	Female	Blac		MONTH	6 1919	63	YRS.	
		IRTHPLACE ('STATE OR FOREIG COUNTRY) Md.	14 E C	F WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O		IH
s often	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SL	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET	G HOME O	R OTHER INSTITUTION	Balto. C		IND OF BUSINE
in in be f	USU	Balto. AL RESIDENCE (IF NURSING HO STATE 1136	ME OR OTHER INSTITUTION		ADMISSION)	HAL INCIDE CITY INVITED	Lie CYNEST ADDRESS	-	
filleo ould	-	Md.	COUNTY	Balto.	N	YES NO NO		llwood St.	2121
mpletely ond 2 sh	14 F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
Poges 1		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
equires that the death considered by the attending. Then please remave carbonial, cremation, or injury, or other traumatic.	NOI	underlying couse lo	DUE TO, (c)	OR AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1/o
an. hos beer t permit. ene prior	CERTIFICATION	198. DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	INDINGS USED LUSES OF DEAT NO
ding physici ding physici s certificate burial-trans. Mental Hygi yr them 18 sh		210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPA	R1 2}
DING PHYS or attending After this c se as the bur outh and Me marked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE EAT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	aty s
fol or to or or use of Health		220 I certify that (I) (this saw the deceased ali			De	d that in (my) (our) opinion	death accurred on the de	19 Po	, that (I) (v
by the hospital by the hospital lERAL DIRECTOR: se detoched for us State Dept. of He ANT: If them 21 is		sow the deceased oli above, (J) (we) (did)	lid met) view the bod	beeran		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	22c.	DATE SIGNED
HOS build build the		MOGS	GEBR	EMAR	IAM	Lutherne	Hose		110
Op Op Spring	23a	BURIAL, CREMATION, REMO	DVAL 236. DATE	719783		EMETERY OR CREMATORY Lon Cemetery	23d LOCATION BalleTime	ore, 'Co'	
BP		Removal		2/14/93				010, 000	, ,



AND THE PROPERTY OF THE PARTY O ACLES & LANCE STREET, THE PARTY NAME AND THE PARTY OF THE

Leonard J. Ruck, Inc. Baltimore, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250 DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE

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eva seas tol sayone ave.	Medan Oraș	2-03-87	21		
the relieve					
		Assis	101		

(VRA 15, 4)

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH YEAR MONTH 2b HOUR TYPE OR PRINT DILWORTH. EONARD 0:40 3 SEX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAY 18 YEAR 09 DAYS MAIR 10 M. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY aruland WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY altimore SBGH, arpenter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, THE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore NO [15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LWORTH, HOWAR In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO DR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. John J. Dilworth, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I, DEATH WAS CAUSED BY: andiac IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOV 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) four) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e DDRESS 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 23a BURIAL, CREMATION, REMOVAL Burial edar Hill emeteru Maryland BY REGISTRAR 256 REGISTRAR'S SA McCully Funeral Home, 237 E. Palapsco Ave. Batto.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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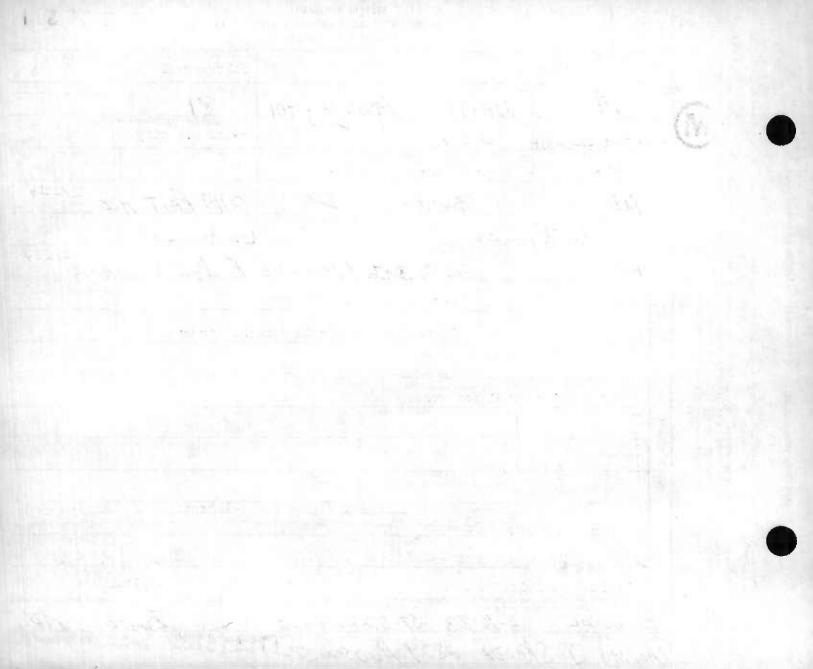
		REGISTRAR				CERTIF	ICATE OF D	EATH		REG	. NO.				
		CEASED NAME	FIRST	T Made	MIDDLE	6.	ASI		2a. DAT	E OF DEATH		DAY	YEAR	2b. HOUR	
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	3 SEX	X	Me a	4. RACE		5 DATE C			6 AGE	(IN YEARS LAS	T BIRTHDAY)		DERIYEAR	IF UNDER 24	
		Female		Blac	ck	7 MONTH	DAY	08		74	YR	MONTH	DAYS	HOURS /	MIN.
	7a. BI	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIEI	D NEVER A		-		Y OR COUN		EATH		
18	2	N.C	1	110	SIM	WIDOWE	DE DI	VORCED [I	Balto.	City				MD.
6	10. CI	Balto.	DEATH	(IF NOT IN SUC	HOSPITAL, NURS IN CHEACILITY, GIVE STREET Cheran Ho	ADDRESS)	R OTHER INST	ITUTION		WORK FOR MC	ATION OST OF WORKIN		b. KIND O IDUSTRY	F BUSINESS	SOR
×	JSUA	AL RESIDENCE (IF		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			170	mell	MEZI				
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7		VAS DECEASED EN		MED FORCES?	16b. SOCIAL SECU	RITY NO.	CINFORMA	NI NI	× 0	AD	DRESS	HIF	101	,21	1216
	,	Unkn.	(IF TES, GI	- WAR OR DATES)	242-62-	1097	Mrsill	PRNA (has	ompi	17/	1/As	hou	Ton:	st
		18 CAUSE OF DE	EATH (Enter or H WAS CAUSE	nly one couse per	line for (a), (b), on	d (c).	0, 1:	14	1		0.1		APPROXI BETWEEN C	MATE INTERVA	ATH
		PARTI. DEATI		TE CAUSE (0)	Ch Ken	0826	well	1 con		Jus	easi		X	Jak	12
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		Conditions, if a		(b)	The	all	M	1416	ra	us-	7				
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	94			(c)	100	The A	yeur								
	NO	PART 2. OTHER S	IGNIFICANT	A CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISE	EASE OR C	NOITION	GIVEN IN	PART 10	•	
5	CERTIFICATION	190 DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a A	UTOPSY?	20b. IF	YES, WER	CAUSES	GS USED	2
\leq	RTIF	IVVY	V						YES []	YES 🗌		NO [
7		21a. ACCIDENT WAS	_	216. TIME O HOUR A.	IF INJURY M. MONTH DA	YEAR	21c HOW IN	JURY OCCURR	RED (ENTE	R NATURE OF	NJURY IN ITEM	18 PART I O	R PART 2)		
	EDICAL	(IF EITHER NOTIFY A	AEDICAL EXAMINER	P./		19									
	MED	214 INJURY OCC	URRED	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATIO	N		CITY O	RIOWN	C	OUNIY	STAT	TE
		AT WORK AT	WORK												
				fol) offended the	e deceased from		d that in (my)	(our) opinion (to death acc	urred on th	e date and l	19		that (I) (we	
		22b. SIGNATURE	ri Jdidi (did no	of view the body	after death.		DEGREE		-				DATE:	SIGNED =	0
		Philip	Mill	rutt	m	0	A	TTENDING PHYSICIAN	MEDIC	AL S OR PHY	TAFF SICIAN [, /	167	ul d	3
		The PHYSIC WAYS	An A.	TON	11175		22 ADDRES	111	fra	6.0	77	ma	ih	2	
	23a. B	URIAL, CREMATIC	M, REMOVAL	23b. DATE	1 23c N	IAME OF CE	EMETERY OR C	REMATORY	1738.10	CATION	11	1	F-4-7		_
		Remo		2/18	183 8	MC	en		T/S	ourte,	el	-	3	ne	
	24 FU	INERAL DIRECTOR	1		ADDRESS	•		25a. DATI	E REC'D. E	BY REGISTR	AR 256 DEG	ISTRAR'S	SIGNATI	JRE	1
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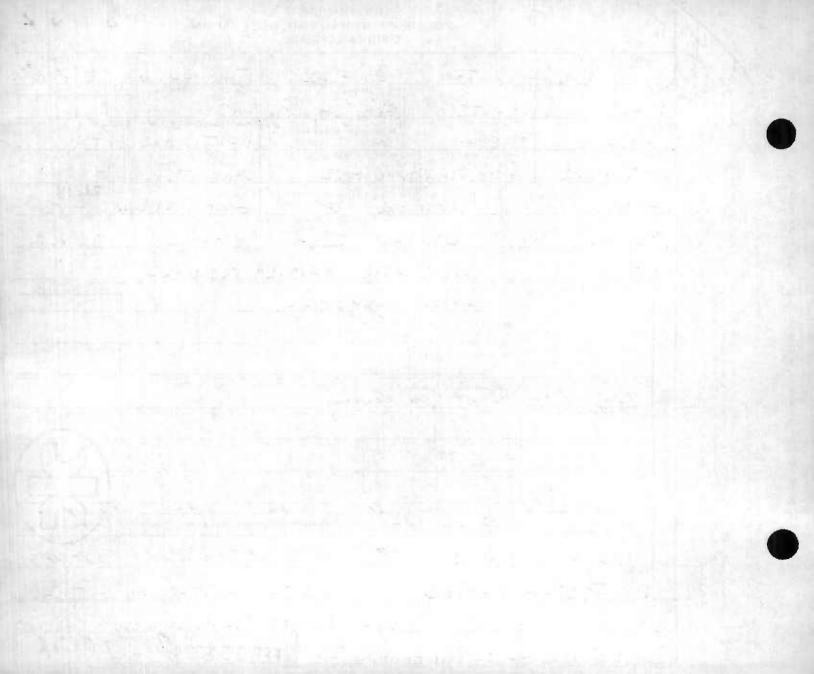
DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



W.	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIE	NE 8 5	0	3 /	3 2
K		CEASED NAME FIRST	N	AIDDIE	1	AST	2	DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
(N	Lh	1 1 - 1 1 -	AM -	T-	Do	UGLASS		FIBRUAR	66 1/3	. 1983	P. 03 W.
6	Mest.	X	4 RACE		5. DATE C		6.	AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
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5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		- 19	BALTIMORE CITY O		OF DEATH	
35	6	IARY AND	U-5.6	7.	MARRIE			BALTIM	nR2 1	r. TU	MD.
pei	10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INSTITUTION		20 USUAL OCCUPATI	ON	126 KIND OF	BUSINESS OR
DO	B	220miTIA	2000	1.100 0	AND	AVE		ARAS OT	F WORKING LIFE)	INDUSTRY	
the second	USU.	AL RESIDENCE (IF NURSING HOME OR			ADMISSION)		- Lu			2/2	18
35		ARYLAND	•11	0	320	YES NO 1	25	Se. STREET ADDRESS	ARYL C	A GOF	11/5
ine		ATHER'S NAME			O IIIC	15. MOTHER'S MAIDEN	NAME		11111111	1110	1 / 1 -
DO	16	TEORGE U	MIDDLE	DOUGL	A55	T NA		GRAC	,	LAST	VSR
col		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMANT		ADDRE			LAZI
med	. /	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	TOTIL	1397	Fam	14	RSCOR	05		
4		18 CAUSE OF DEATH (Enter on	ly nne couse ner	line for (a) (b) and	die		171	11201	-00	APPROXIM	ATE INTERVAL
vent.		PART I. DEATH WAS CAUSE	Ď BY	levero	1m	hype ma				BETWEEN ON	ASET AND DEATH
fic e		49)	E CAUSE (a)			//					
O HO		Conditions, if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF						
rtro	100	gave rise to immediate cause (0), stating the	(6)				-1.17	STATE OF THE PARTY			
othe		underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF					- 3	
Ď.	-	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT BELATED TO THE	TEDANINI	AL DISEASE OR CONI	DITION CIVEN	LINI DADT 1.	
ulu)	NO	Congert's	hear	1	ill	and is	LEKAMIA	ALDIGEAGE ON COIN	SITION GIVE	THE PART TO	
D uy	CERTIFICATION	190. DATE OF OPERATION			OPERATION	WAS PERFORMED		200 AUTOPSY?	20b. IF YES, V	WERE FINDING	GS USED
539	표		11 3 2 1 2					YES NOT	IN CERTIFYI	ING CAUSES O	OF DEATH?
8 Sh	E .	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c. HOW INJURY OC	CURRED	1			NO
= 4		OR CONTRIBUTING CAUSE OF DEA	113	A. MONTH DA							
or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 216, INJURY OCCURRED	P.A 21e PLACE C		19	21f LOCATION					-
eq	ME	WHILE NOT WHILE AT WORK		ET FACTORY, OFFICE F	ARM ETC	STREET		CITY OF TO	WN	COUNTY	STATE
mark		22a.1 certify that (I) (this base)	ak) attended the	doconcod from	5/	3 10 d	-2	2 1 2	10	85 th	
2.		saw the deceased alive an	11/5	19_0	[Z on	d that in (my) (our) opi	nion dec	oth occurred on the do			not (I) (wo) lost
m 2		above, (1) (we) (did na 22b. SIGNATURE	view the body o	ofter death.		DEGREE			0110 11001 0	22c. DATE S	
±		1/21 2/2	1 //10-	.0.	3	ATTENDIN	1G	MEDICAL _ STAF	F	ZZC. DATE S	C/C =
ž		22d PHYSICIAN'S NAME WYEO	en on	05	mil	PHYSICIA 22e ADDRESS	N T	DIRECTOR PHYSIC	IAN []	12/2	3/8 2
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	0	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF CI	METERY OR CREMATO	ORY	23d. LOCATION		COUNTY	STATE
- 3		URIAL	1-5B9	5,198311	ORELF	1-W31 10011	K.	MARKY, L	TE BU	17 10 W	ARYLAND
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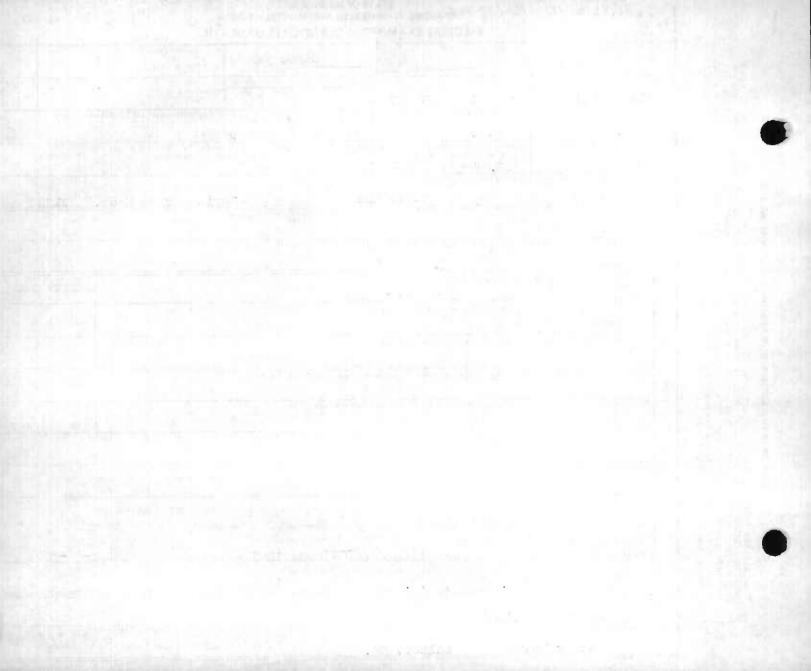
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n de u	(TYPE	CEASED NAME RITA	MAC	Du	dley	2-1	3-83	10 p M
director, pours after	3. SE	Female	4. RACE White	S. DATE O	F BIRTH 1	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA YRS.	
in 72 hour	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Ohio	76 CITIZEN OF WHAT COUNTR	Y2 8.	NEVER MARRIED		R COUNTY OF DEATH	MD
90	Ba	ty or town of death	11. NAME OF HOSPITAL, NUR DEATON M	ed address)	en ter	(TYPE OF WORK FOR MOST O	WORKING LIFE) INDUST	D OF BUSINESS OR RY Destic
BS Poold be	Man	yland		NWO	13d. INSIDE CITY LIMITS? YES MO	13. SINGET ADDRESS	haven Ave.	, 21226
2 2 E	11	THER'S NAME	McNa L	Lu	Elizabeth	WE	Muin	LAST
medical	Ióa V	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 217-09	CURITY NO9281	17. INFORMANT Helen Hammond	ADDRE	1.4. 210	61 Len Burni
hen please remove corbo to burial, cremation, or re ijury, or other traumatic e	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO OF AS A CONSECUTION	DUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	T Ito
ows ony in	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
Mentol Hygin or frem 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
in ond w	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIX	0	STREET	CITY OR TO	WN COUNTY	
ot. of Heo			ital) offended the deceosed from	8/3_, or	d that in (my (our) opinion	death occurred on the de		the couses stated ATE SIGNED
e Stote Dep		MI PHYSICIAN'S NAME (TYPE	Wheel		ATTENDING PHYSICIAN [MEDICAL STAI	FF .	14/83
with the State		JULIAN	WKEED		6115, Ct	tAS, ST.	2123	8
, 3		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	-1.11.0	11 1 0	emetery or crematory	Baltimone	e. A. A. Co	., Md. STATE
50M 4/B2		UNERAL DIRECTOR	Homes 4200 Popp	s Md.,		B 1 7 1983	256 REGISTRAR'S SIGN	CALLLA

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IS NECE	"> ≥ 5 \ \		TY OR TOWN C		11. NAME OF HO		PSING HOME	WIDOV		DIVORCE				PE OF WORK		ID OF BU	MD.
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MD. H. IF	7 3.	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	ST	NINAME	MIC	DLE		L	AST	
RE, I	LOCATAL RE		Claude				ıncan		J	udy					P1u	mmer	
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BALTIMORE, MD. SAFTER DEATH. IF GIVE PAGES 1, 2,	XAMINER ALONG WITH FOR AL-TRANSIT PERMIT. PAGES I MENTAL HYGIENE, DIVISION N, OR REMOVAL.		NO				8-82-48	19	Car1a	Deli	ivuk-	Dunca	n 41	7 5th			
. 02 .	E, DI			DEATH (Enter on ATH WAS CAUSE	ly one cause per line D BY:	, ,, ,									BETW	PROXIMATE FEN ONSE	AND DEATH
ON SA H	PERM PERM SIENE VAL.	7	814		TE CAUSE (o) IV	_	le inju		S	-					-		
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W END	XAMINER AL-TRANS MENTAL I N, OR REA			to immediate		R AS A CON	NSEQUENCE ()F									_~
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RECO PENDENDE	MEDI AS A EALTH CREA	CERTIFICATION	19g DATE OF G	OPERATION	19h COND	ITION FOR	WHICH OPER	ATION V	VAS PERFORM	AED?					20 A	UTOPSY	>
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₹	는 # H H		SIGNATURE_	1	Sowack	114	nen	,^	A.D. Depu	ty Ch	i extedic	AL EXAM	INER	DATE	ED_2/	/19/8	33
AEDIC UTE T	PAGE 4 SHOULD BE FORWARDED TO FUNEARL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYDAND, 21201 PI		EXAMINER'S	NAME Th	omas D. S	Smith.	M.D.		ADDRESS	111	Penr	st.	Ba	ilto.	. MD.		
6	PAG AFTE BALT	230 B	(TYPE OR PRIN	ION, REMOVAL			NAME OF CE/	METERY (123d. LOC	ATION					
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	HMH - 17		UNERAL DIREC	TOR	ADDRES		212	29	2	Sa DATE	RES DARY	REGISTRAF	CIL REC	GISTRAR'S	SIGNATI	JRP A	
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		FOR #1,File	nG577	3/14/83 1	DEPART	STA MENT OF	TE OF A	AARYLA	ND LENTAL H	YGIENÜ	2	5	7	7	.2	100
	1-	STATE REGISTRAR				EXAMIN						REG. NO		1	9	
		CEASED NAME E OR PRINT)	Be rna r	d	MIDDLE		Dura	Dur	raczyk	2	DATE KI	NOWN XX ESTI- MATED [момтн	18 ₁	YEAR 83	26. HO
	3 SEX		ite	5. DATE OF BIRTI		6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER HOURS		C DATE RONOUNC DEAD	ED	AONTH 2	18	YEAR 83	2d HO 9:
35	H. B	RTHPLACE (STATE O	R	76. CITIZEN OF			1		EVER MARRII	ED 📙	Balti	_		TY OF DE		
10		tyortownofd Itimore	EATH	01 1	FACILITY, GIVE S			IER INSTITU	JTION	12a. USU/	AL OCCUPA DST OF WORKIN	TION (TYPE		12b. KINI	D OF BUS INDUSTR	SINESS
35		AL RESIDENCE (IF IN TATE Md.	13b. COUN	OR OTHER INSTITUTION,	13c. CITY	OR TOWN		13d. INSIDE	(ITY LIMITS?		et ADDRESS		Host	٥.	2122	28
3	14, F	ATHER'S NAME FIRST		WIDDIE		LAST		15. MOTH	ER'S MAIDE		MIDI				AST	
2		VAS DECEASED EVE es, no, or unknown) Unkn.		MED FORCES? WAR OR DATES)		-05-96		17. INFOR	MANT			ADDRESS			glatin.	
		PART I DEATH	any, which immediate immediate.	TE CAUSE (a) Co	DR AS A CON	Ma of	OF OF	E OR CONDITI	ON GIVEN IN PAI	RT 1 tal				BETWE	PROXIMATE EEN ONSET	AND DEAT
RIAL, CREMATION, OK REMON	CERTIFICATION	196 DATE OF OPE				WHICH OPER								130	JTOPSY?	
ID, 21201 PRIOR IO BURIAL, C	AL CERTI	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR	HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR		NULMI WO	Y OCCURRE	D (ENTER NA	ATURE OF INJUR	Y IN ITEM 18 P.	ART I OR PAI	-	ES 🗆	NO [
	MEDICAL	21d INJURY OCCU	RRED	21e PLACI	E OF INJURY ACTORY, FARM, E	(AT HOME,		CATION			CITY OR TOWN	4	со	YINUC		STATI
	71-0	226 I certify the deoth resulted to ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION	Penn E Denn	rol causes sales	Acident Suy yth, 4M	Ah!	Autop	TITLE (Undeter	Stree	ner	d in my ap DATE SIGNE	pinian ED 2-1	8-83	
	(Rem	oval	2/19/8:	1	NAME OF CE	MEIERIC	A CREMA	SH	gityo	RYÓWN	Terr pro-	COUR		STA	ATE
7 (5))	24 F	UNERAL DIRECTOR NAME Ana	tomy B	oard ADDRE		to. M	đ.		FEI	B 24	1983	Jala	IKAR'S S	L Car	helf	2



21217 701 N. Arlington Avenue Weaver 1516 Penna. Ave.#8 236-14-6115 Georgia Andrews-Baltimore, MD 21217 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (our) apinian death occurred an the date and haur and fram the causes stated 77c DATE SIGNED DIRECTOR PHYSICIAN c/o Maryland General Hospital Arbutus Mem. Park Baltimore Co.. -3035

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

1983 IF UNDER I YEAR

12b. KIND OF BUSINESS OR

28 DATE OF DEATH MONTH

DHMH - 16 50M 4/82 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME (TYPE OF PRINT)

--elitimore x elitimore religion avonic .avav.smel-Cici Will of amonifications Andrews all debit of The Employed To I vanish January I was the track old Id. Dirich Arbning Few Barn halt timers Co. 115 the many and the sand attended to experience to ender the

	1 -	FOR STATE REGISTRAR			MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0.	7 3 7
		REPRINT) RE	achel	McAlliste:		East		1983	YEAR 2b HOUR
3.	. SEX	Female	4. RACE Whi	ite		оғыктн с. 15°, 19‡2°	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN.
30		HPLACE (STATE OR FO	1.0.	OF WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED DED DIVORCED	9. BALTIMORE CITY O		ME ME
		OR TOWN OF DEAT		OF HOSPITAL, NURSIN INSUCHEACHITY, GIVE STREET 29 Canterbu	ADDRESSI Ty Ro	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Housewife		(IND OF BUSINESS OR JSTRY
	13a ST		G HOME OR OTHER INSTITU 36 COUNTY	Baltimo		13d. INSIDE CITY LIMITS? YES A NO	2629 Cante	erbury Ros	ad 21234
1		HER'S NAME ENTY	M. MIDDLE	Stewart		15. MOTHER'S MAIDEN NAME Catherine	WE	Ber	rger
10	No. W	AS DECEASED EVER IN	U.S. ARMED FORC			Paula Wade 26	29 Canterb		
	NO.	Conditions, if any, ogove rise to imme couse (a), stating underlying couse PART 2. OTHER SIGN II	which diate the lost. DUET	O, OR AS A CONSEQUI O, OR AS A CONSEQUI C) US CONTRIBUTING TO ONDITION FOR WHICH	DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P.	
	RTIFIC						YES NO	IN CERTIFYING C	AUSES OF DEATH?
er 1	MEDICAL		USE OF DEATH HOU LEXAMINER) D 21e. PL (AT HO)	ME OF INJURY R A.M. MONTH D. P.M. ACE OF INJURY ME STREET, FACTORY, OFFICE, 1 ed the deceosed from 19 body offer death.	AP	211. LOCATION STREET , 19 82 nd that in (my) (aur) apinion DEGREE ATTENDING	city on to	ote and haur and fro	State that we) lasom the causes stated DAJE SIGNED
		1 /////	es forces	Jud I mas		PHYSICIAN [DIRECTOR PHYSIC	IAN .	2/3/83

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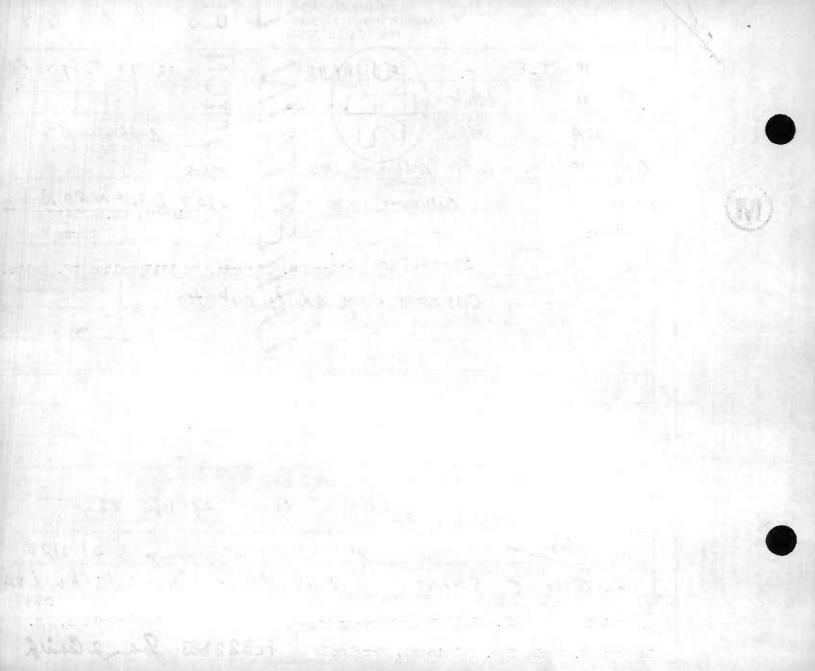
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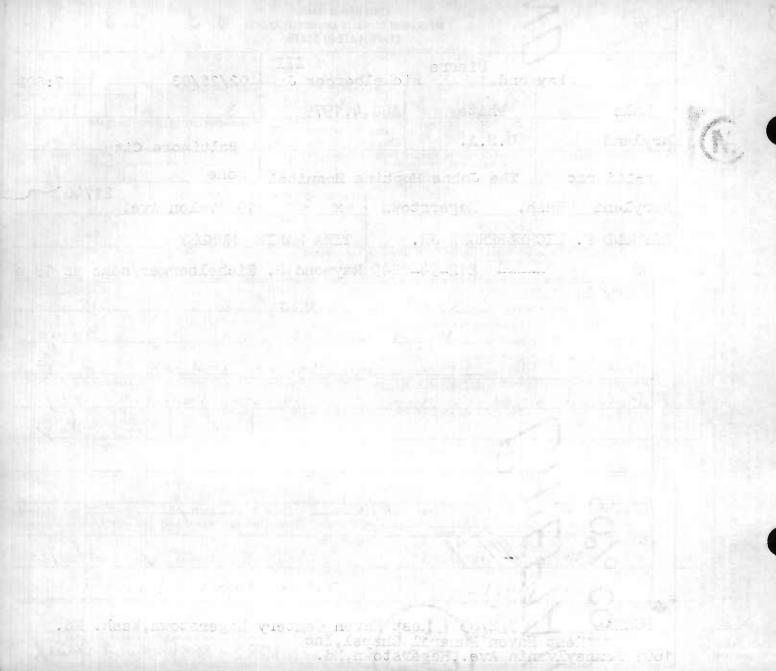
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STATE OF MARYLAND



	1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 / 4 0
		- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	Pierre LAST III 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
denti		Ra	vmond Eichelberger 02/25/83	7:500
d de de	3. SE		MONTH DAY YEAR	NDER I YEAR IF UNDER 24 HRS
~1	1,000	Male	White AUG. 4, 1979 3 YRS. 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF	DEATH
1012	D .	country	MARRIED WEVER MARRIED X	1
TV t	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126, USUAL OCCUPATION	12H KIND OF BUSINESS OR
53		Baltimore /	(If NOT IN SUCH FACILITY, GIVE STREET ADDRESS) The Johns Hopkins Hospital None OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY 13d. (ITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS 10 Avo John Avo	INDUSTRY
d in	USU 13a	AL RESIDENCE (IF NURSING HOME) STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JUNTY 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET ADDRESS	21740
35	Ma	aryland Wa	sii. Hagerstown has no 119 Avaron Ave.	21710
d 2 st		ATHER'S NAME FIRST	IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE	LAST
d wo			CHELBERGER JR. TINA MARIE MUNDEY APPRESS APPRESS APPRESS	
Poges medico	160.	MAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) IF YES.	GIVE WAR OR DATES	47
he m	=		212-94-1249 Raymond P. Eichelberger/s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
moval			only one cause per line for (a), (b), and (c).) SED BY:	3-5 will .
r ren		4589 IMMED	IATE CAUSE (0) Cataliaa artest	-3 3 mm :
on, o		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	3 clays
emotion tra		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
of cre		underlying couse lost.	100 RESOLUTATORY failure & Shock	3 days
gned purio burio iry, or	,	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	/
t. The or to y inju	5	Profound	neurologic damage 2° to Strep Meningiti	
os permi	CERTIFICATION	19a. DATE OF OPERATION	IN CERTIFYIN	ERE FINDINGS USED
Hygier 18 show	ERT	21a. ACCIDENT WAS UNDERLYING	YES VO YES TIME OF INJURY 216. HOW INJURY OCCURRED (ENVER NATURE OF INJURY IN ITEM 18 PART	
certifica priol-tron ental Hy Item 18		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	
Mental Arental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	216. PLACE OF INJURY 21f. LOCATION	COUNTY STATE
ond ked	¥	WHILE NOT WHILE AT WORK	(AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COONIT
o o o o o o o o o o o o o o o o o o o			spital) attended the deceased from 2/22, 19. 83, to 2/25, 19.	\$3_, that (I) (we) last
for to of H		sow the deceased alive above, (I) (we) (did) (did	on 2/25 19 83, and that in (my) (our) opinion death accurred on the date and hour or	nd from the couses stoted
DiREC Sched Dept. f Hem		226 SIGNATURE	DEGREE ATTENDAGE ATTENDAGE ATTENDAGE	22c. DATE SIGNED
deto deto		Z-c	e larhan ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/25/83
should be deto with the State (22d. PHYSICIAN'S NAME ITY		laki
A A A		Lec	Marban Johns Hopkins Hosp	1 1-41
	23a.	BURIAL, CREMATION, REMOV	CITY OR TOWN C	OUNTY STATE
	24 5	BURIAL	3/2/83 Rest Haven Cemtery Hagerstown, Wa	sh. Md.
16 50M 4/B2 A 15, 4)	16	O1 Ponnaria	Haven Funeral Chapel, Inc ania Ave., Hagerstown, Md. MAR 3 1983	2. Coarel
13, 4)	1	OI LeinipATA	allia Ave., mager souwii, rid.	



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					en in	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE

REG. NO 20 DATE OF DEATH MONTH 2b. HOUL CLAYTON **FT.TASON** FEBRUARY 22, 1983 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 90

12/10/1892

MARRIED X NEVER MARRIED

DIVORCED

13d. INSIDE CITY LIMITS?

NO [

15. MOTHER'S MAIDEN NAME

BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION

21218

YES X

VICE PRESIDENT

13e STREET ADDRESS 2728 ST. PAUL ST.

9. BALTIMORE CITY OR COUNTY OF DEATH

TYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

MARYLAND BALTIMORE 14 FATHER'S NAME MIDDLE LAST WITITIM C.

(IF YES GIVE WAR OR DATES)

13b. COUNTY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

4. RACE

WHITE

7b. CITIZEN OF WHAT COUNTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c, CITY OR TOWN

2728 ST. PAUL ST.

U.S.A.

FIRST

HENRY

FITASON 66. SOCIAL SECURITY NO

MARY 17. INFORMANT

ADDRESS

INDUSTRY

12b, KIND OF BUSINESS OR

STEAMBOAT

LAST

NAUDAIN

W.W.] 214.12.1100 KATHERINE R. SAME AS 13e. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for in-PART I. DEATH WAS CAUSED BY:

WIDOWED

IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

L DECEASED NAME

MALE

COUNTRY) BALTO.,

130. STATE

ABIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

BALTIMORE

MD.

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ID

NO

WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

22a.1 certify that (the thirs haspital) attended the deceased from

P.M. 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DAY YEAR 19

21f LOCATION

CITY OR TOWN

STAFF DIRECTOR PHYSICIAN COUNTY STATE

STATE

MARYLAND

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATA PHYSICIAN'S NAME (THE CHMINIT)

NOT WHILE

sow the deceased olive on ______

WILLIAM F. RENNER

21d. INJURY OCCURRED

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

3200 ST. PAUL ST. BALTO, MD. 23d LOCATION

MEDICAL

CREMATION

23g BURIAL CREMATION, REMOVAL

/23/1983

23b. DATE

ADDRESS.

LOUDON PARK CREMATORY BALTIMORE 250 DATE REC'D BY REGISTRAR 256. PED ISTRAR'S SIGNATURE FEB 28 1983

DHMH - 16 50M 4/82 (VRA 15, 4)

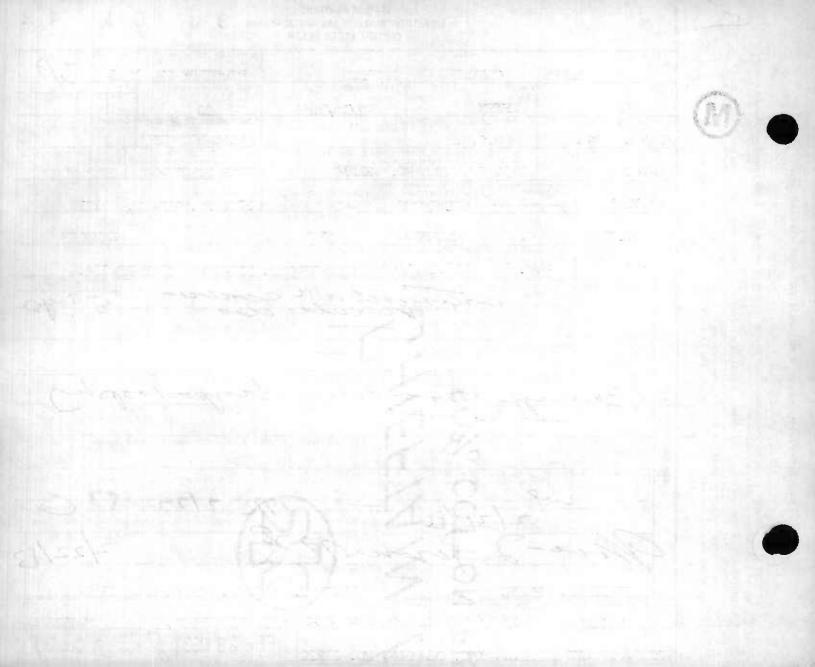
24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

(SPECIFY)

CERTIFICATION

COUNTY

BP



moy be

STATE OF MARYLAND			15	-179	- 1	11	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3	3	U	J	1	ling	
CERTIFICATE OF DEATH		200 110					

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST	M	NDDLE	l l	AST	20. DATE OF DEATH	MONIH	DAY YEAR	2b HOUR
(TYP)	E OR PRINT)	NAOMI	Wi -	н.	ELLI	OTT	2/8/83			1:30 \$
3. SE	x Female	4.	RACE Whit	e	5. DATE C	731/27	6. AGE (IN YEARS LAST B	IRTHDAY) YRS.	IF UNDER 1 YE A	R IF UNDER 24 HRS
Ma	IRTHPLACE STATE (COUNTRY) ryland		USA	VHAT COUNTRY	Y? 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY Baltimor	e Cit	У	MD
В	altimore City	100-	St. Ag	res Hos	EET ADDRESS)	DR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST Graff Ope	OF WORKING	LIFE) 12b. KIND INDUSTA Ban	
Ma	AL RESIDENCE (IFN STATE ryland	13b COUNT	THER INSTITUTION, Y	GIVE RESIDENCE BEFF 13c CITY OR TO Baltimo		YES 🔀 NO 🗌	318 S. Ca	lhoun	St.	21223
0	ATHER'S NAME Alfred		DDLE		rgess	15. MOTHER'S MAIDEN NAM Violet	MIDDLE		Š	eabrease
160	WAS DECEASED EV YES, NO OR UNKNOWN) NO	ER IN U.S. ARMI	ED FORCES? WAR OR DATES)	216-24	4-4142	John G. Elli	ott, Jr. 3		Ca1hou	1223 ne St.
	Conditions, if o		DUE TO, OR	MALIG	NANT	NEOPLASM	INVOLVIA	31		
CATION	gave rise to i cause (0), sta underlying cau	immediate sting the use last.	(b)	MBLIG PELVIC PATRIBUTING TO	OUENCE OF SOFT	NEOPLASM TISSUE, LUNG NOT RELATED TO THE TERM	BOUT A	NOTION G	ES, WERE FIND	INGS USED
L CERTIFICATION	gave rise to it cause (o), state underlying cau	immediate string the use lost. IGNIFICANT CO	DUE TO, OR (c) (c) (19b. CONDITIONS CO	MBLIG PELVIC DATRIBUTING TO	ODEATH BUT	TISSUE LUNG	BOUT A	NDITION G	ES, WERE FIND TIFYING CAUSE YES	INGS USED
MEDICAL CERTIFICATION	gave rise to i couse (o), sto underlying could part 2. OTHER SI	immediate string the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH COUNTY CAUSE OF DEATH LEDICAL EXAMINER) URRED	(b)	MBLIG PELVIC INTRIBUTING TO FINJURY A. MONTH A.	DUENCE OF SOFT ODEATH BUT CH OPERATIO DAY YEAR 19	TISSUE LUNG NOT RELATED TO THE TERM N WAS PERFORMED	BOUT A	20b. IF YI IN CERT	ES, WERE FIND TIFYING CAUSE YES	INGS USED
	gove rise to icouse (o), stounderlying counderlying counderlying counderlying counderlying counterly mass or contributing (if either notify mass of counterly mother counterly mother counterly mother counterly that sow the dece	immediote string the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH LEDICAL EXAMINER) URRED WHILE WORK	(b)	MBLIG AS A CONSECT PELVIC INTRIBUTING TO FINJURY A. MONTH A. DE INJURY EET, FACTORY, OFFICE deceased from	DUENCE OF SOFT O DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	INAL DISEASE OR COL 200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the	NOTION G 1206. IF YI IN CERT IN CERT OWN	ES, WERE FIND TIFYING CAUSE YES B, PART 1 OR PART 2 COUNTY J 19 our ond from the	INGS USED S OF DEATH? NO STATE
	gove rise to i couse (o), sto underlying could be coused. The country in the coun	Immediate string the s	(b)	MBLIG PELVIC ONTRIBUTING TO FINJURY M. MONTH M. DEFINJURY deceosed from 19	DUENCE OF SOFT O DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 19 and that in (my) (aur) apinion DEGREE ATTENDING	INAL DISEASE OR COL 200 AUTOPSY? YES NO CITY OR T CITY OR T MEDICAL ST. DIRECTOR PHYS	NOTION G 1206. IF YI IN CERT IN CERT OWN	ES, WERE FIND TIFYING CAUSE YES B, PART 1 OR PART 2 COUNTY J 19 our ond from the	SIATE state thought the course state the course stated

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

AND SURE LEADING THE CONTRACT OF THE PARTY O FEE 18083 June 19 19 19

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 2a DATE OF DEATH MONTH YEAR 2h HOUR 50 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

5. DATE OF BIRTH

WIDOWED

MARRIED NEVER MARRIED

DIVORCED

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

12a. USUAL OCCUPATION

Steel Worker

126 KIND OF BUSINESS OR Beth. Steel

21234

WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Parkville

El m

Annamaria 17 INFORMANT

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

MIDDLE ADDRESS

2610 Hillcrest Ave.

unknown

16b. SOCIAL SECURITY NO 213-07-3044

Allen J. Rubenkonig

2610 Hillcrest Ave.

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) ULMON IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF NEILMONIA DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

716 TIME OF INJURY HOUR A.M. MONTH DAY

YEAR P.M 19

211 LOCATION

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

83., and that in (mý) (aur) apinian death accurred an the date and haur and fram the causes stated

NO

CITY OR TOWN

COUNTY

20b IF YES, WERE FINDINGS USED

YES T

IN CERTIFYING CAUSES OF DEATH?

STATE

NO F

reb, abave, (I) (we) (did) (did nat) view the bady after death

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

253

ATTENDING MEDICAL PHYSICIAN DIRECTOR

STAFF PHYSICIAN S 22c DATE SIGNED

22e ADDRESS

TAN.

23d LOCATION

CITY OR TOWN

Baltimore

Maryland

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore. Md.

Feb.11,1983

DHMH - 16 50M 1/B1 (VRA 15, 4)

. A.R.H fond that your fand restinant with oran is late 1 1 1 5 31 AND SAMOTE STORES .. Frj. sign of it 77 3 7.112 217-07-3(in Minn d. Internate Mill Millenest tra.

Harini Job. 11, 1987 Moreland Now. Park Halisance

Leonard 3. Inch, Inc. Haltingro, Mc.

	li	FOR - STATE REGISTRAR			OF HEALTH AND MENTAL H	YGIENE 👸 🕉 REG. NO.	03/45
'X		ECEASED NAME FIRST	MIDDI	E	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ctor, page 3	(1)	PE OR PRINT)	45	Epperson	(EPERSON)	2	17 83 830 Am
moy pag ter de	3. 8	EX 2	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
s of		Female 0	B		9 30 30	52 yı	RS.
10 t	10.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.	ARRIED T NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
一致	>	Maryland	USA		DOWED DIVORCED [MD.
11 1/	₹ 10.	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRE		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKI	12b. KIND OF BUSINESS OR
10 10	US	UAL RESIDENCE (IF NURSING HOME O	S. BALT		SSION)		
ME	1 f30	STATE MD 136 COU		BALTO	13d. INSIDE CITY LIMITS?	2816 CAKVE	R RO 21225
2 2 2 0 0 mg	6	FÄTHER'S NAME PIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN P	MIDDLE	LAST
0 - 0	160	WAS DECEASED EVER IN U.S. AL		SOCIAL SECURITY		ADDRESS	
Page 1	L	(YES, MOOR UNKNOWN) (IF YES, GI	2	13-28-95	73 Napoleon	B.Epperson 28	16 Carver Rd.
100		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line	for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
400			TE CAUSE (o)	CARDIAC	ARREST		
orby orby		4360		A CONSEQUENCE	OF		
ion,		Conditions, if ony, which	(b)	ACUTE			
emo emo emot		gove rise to immediate cause (a), stating the	DUE TO OP AS	A CONSEQUENCE			
by the ose ren Il, crem		underlying couse lost.	DOE TO, OR AS	CEREBRO	WASCUTAR AC	CIDENT	
y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
The The Injury	O	Bre	in s	ungy.	remate		
permit permit was ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WAS PERFORMED		RTIFYING CAUSES OF DEATH?
ficote hos fronsit per Hygiene 18 shows	- 5	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	
buriol-tronsi Mentol Hygor them 18 sh		OR CONTRIBUTING CAUSE OF DE		MONTH DAY	YEAR		
buriol-1 Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF II	VJURY	211. LOCATION		
	ME	WHILE NOT WHILE		ACTORY, OFFICE, FARM, E		CITY OF IOWN	COUNTY STATE
After the os the alth and morked		AT WORK	Table and a finite of		2/5 10 8	3 10 2/17	10 53 11 11 11
oched for use Dept. of Hea f them 21 is n		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	C. 1 .5	£ - ~		on death accurred on the date and	hour and from the causes stated
REC Ped ppt.		22b. SIGNATURE	or view the body diffe	deom.	DEGREE		22c. DATE SIGNED
detocl ote De VI: If B		Kaun	News		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	P 2/17/83
TAN TAN		226. PHYSICIAN'S NAME (TYPE			220 ADDRESS		
TO FUNERAL E should be deto: with the Stote E IMPORTANT: IF		KAREN	NEWTON			GEN'C HOSP.	3001 S. HANOVER
	230	BURIAL CREMATION, REMOVA	23b. DATE 2/23/8		OF CEMETERY OR CREMATOR		DM YINUO
	-		2/23/0	nou Mou	nt Auburn Ce	m Baltimore	
- 16 50M 4/82		FUNERAL DIRECTOR		ADDRESS		EB 2 2 1983	
/RA 15, 4)	W	m. C. March 1	F/H Inc	1101 E N	orth Ave.	EB 2 2 1983 /	hung Cabrill

STATE OF MARYLAND

. . . TERRETAIN TO A STATE OF THE Del care a la la la company de March 2 150

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If Item

MPORTANT:

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4		
a		

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

MIDDLE

White

U.S.

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

2

MARRIED ENEVER MARRIED

YES [

YEAR

21

DIVORCED

LAST

ERNEST

DATE OF BIRTH

MONTH

WIDOWED

VAMC BALTIMORE, MARYLAND 21218

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Pressman 13e. STREET ADDRESS

8940 Town and Country Blvd.

YRS

BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

20 DATE OF DEATH

61

6. AGE (IN YEARS LAST BIRTHDAY)

120. USUAL OCCUPATION

BALTIMORE CITY

(TYPE OF WORK FOR MOST OF WORKING LIFE

126 KIND OF BUSINESS OR INDUSTRY Printing

26 HOUR

6:06

IF UNDER 24 HRS

21043

BALTIMORE USUAL RESIDENCE (IF NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE Md.

10 CITY OR TOWN OF DEATH

Male

TE BIRTHPLACE (STATE OR FOREIGN

Md.

DECEASED NAME

(TYPE OR PRINT)

COUNTRY

14. FATHER'S NAME

Charles

3. SEX

FIRST

CHARLES

COUNTY

In WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

Vernon

(IF YES GIVE WAR OR DATES)

4. RACE

13c. CITY OR TOWN Ellicott City

Ernest, Sr.

166 SOCIAL SECURITY NO.

15. MOTHER'S MAIDEN NAME Minnie

NO [

13d. INSIDE CITY LIMITS?

MIDDLE Hurley

ADDRESS

83

IF UNDER 1 YEAR

578 18 3095 Yes Mrs. Ethel Ernest (Same as #13.) WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY PIVA TOY IMMEDIATE CAUSE utra cranial Pressure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the OR AS A CONSEQUENCE OF alioma underlying cause nalamic ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

17. INFORMANT

196. CONDITION FOR WHICH OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTO	200 AUTOPSY?		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
		YES 🗌	NO	YES [NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTERN.	ATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21& PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211. LOCATION STREET		CITY OR TO	wn	COUNTY	STAT

83 saw the deceased alive an February and that in (mut (our) opinion death occurred an the date and hour and from the couses stated view the bady after death DEGREE 22b. SIGNATUR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

AEDIC AL PHYSICIAN DIRECTOR PHYSICIAN

> 23d LOCATION CITY OR TOWN

221. DATE SIGNED

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

FEB

MD

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

Removal 24 FUNERAL DIRECTOR Anatomy Board

230 BURIAL CREMATION, REMOVAL

(SPECIFY)

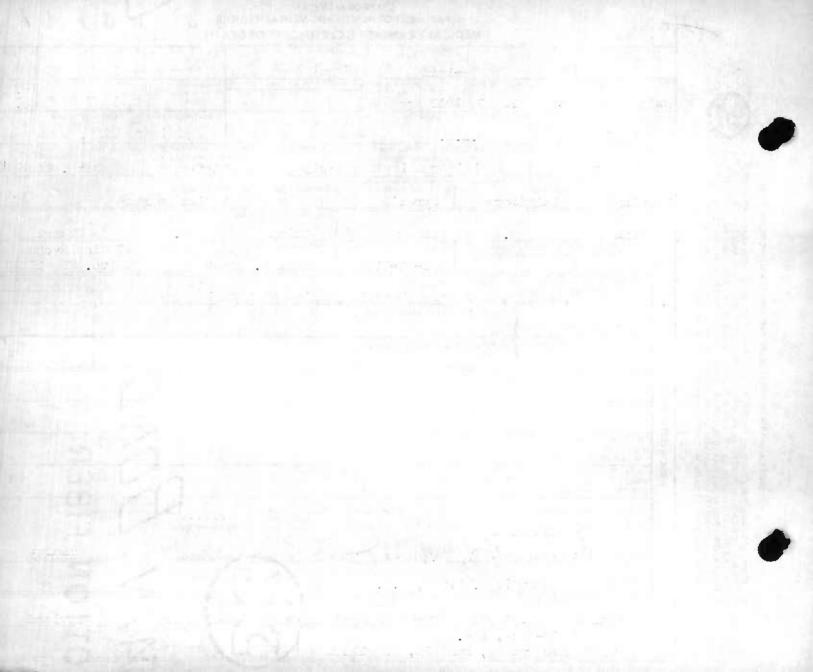
236. DATE

2/7/83

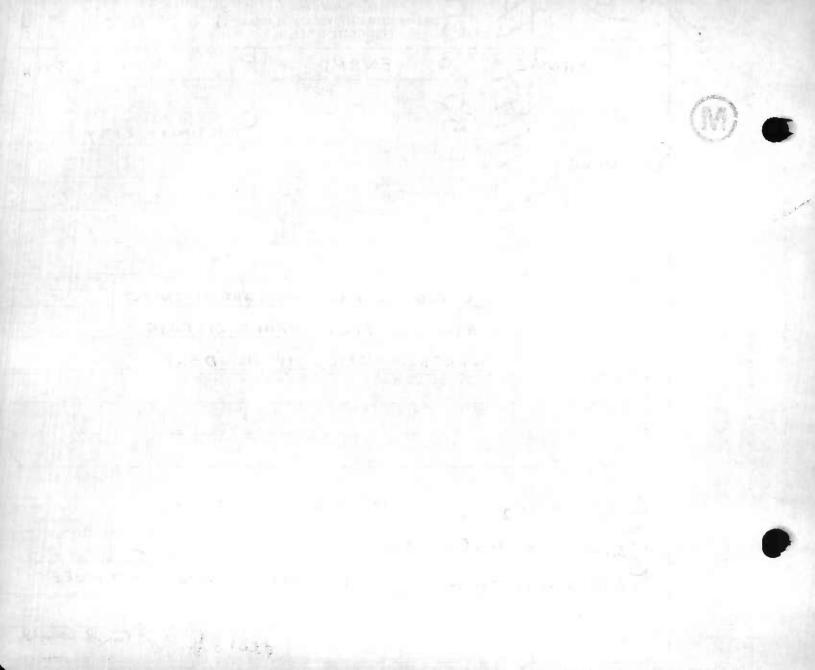
ADDRESS. Balto., Md.

250, DATE REC'D. BY REGISTRAR 256, RESISTRAR'S SIGNATURE

COUNTY



4	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 /	6
	1. DE	CEASED NAME FIRST	VIE	WIOOFE	EV	ANS	20 DATE OF DEATH	1 7	0 -	1 HOUR
ge 4 may	3. SE	× Female	4 RACE Bla	ick	5 DATE C		6. AGE IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS H	OURS
eg W		S.C.		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF		
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ompletely ond 2 sh	14 F.	ATHER'S NAME Hiram	WIDDLE	Scott		15. MOTHER'S MAIDEN NAM	WIOOFE WIOOFE		LAST	
on execut		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	. ARMED FORCES? . GIVE WAR OR DATES)	250-34-		David Evans	s 717 Dru		k Lake	e D
w requires that the de been signed by the off mit. Then please removering to bursol, crematic my injury, or other tract	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAT	DUE TO, C	DR AS A CONSEQUI	DEATH BUT	ROTIC HEAR ASCULAR 1 NOT RELATED TO THE TERM N WAS PERFORMED	ACCIDENT	DITION GIVEN II	ERE FINDINGS	S USE
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OR ATTENDIA hospital ar otrectors afi thed for use o hept, of Health		certify that (I) (this his sow the deceased alive above. (I) (we) (did) (did) 22b SIGNATURE	d not) view the bod	y ofter death.	on	d that in (my) (our) opinion o DEGREE			that from the cou	uses sta
O HOSPITAL O etoined by the TO FUNERAL D should be detoo with the State D IMPORTANT: If		220 PHYSICIAN'S NAME (IV KRISHAN M	PE OR PRINT)	ur ur		PROULDENT	MEDICAL STAL	IAN	IMOR	E
BP		BURIAL, CREMATION, REMOV		230 1		EMETERY OR CREMATORY Hill Cem.		rundel	Co.	ST2
HMH - 16 60M 1/75		UNERAL DIRECTOR	r/u 1	101 ADORESS	Jon+h		REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATUR	Elice



#13abcd, e FilmG577

		CEASED NAME OR PRINT) John	FIRST	T	homas	·	Farrell	20. DATE OF DEA	7/83	DAY YEAR	10 -
	3 SE	x Male		RACE Whi	te	5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY) YRS	IF UNDER I YEAR	HOURS
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90	В	ITY OR TOWN OF DEA	1	1000 5	Caton	AVE. E	Balt; Md. 21229	1	OST OF WORKING		
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30	14 F/	John	М	IDDiE	Fari	rell	is mother's maiden na Sarah	MIDI		McKê	own
2	16a V	vas deceased ever yes, no or unknown) NO		NED FORCES?	218-09	9-2652	Sarah Gawel		DDRESS Ley Mead	dow Circ	1e 2
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Advisor of the state of the sta

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

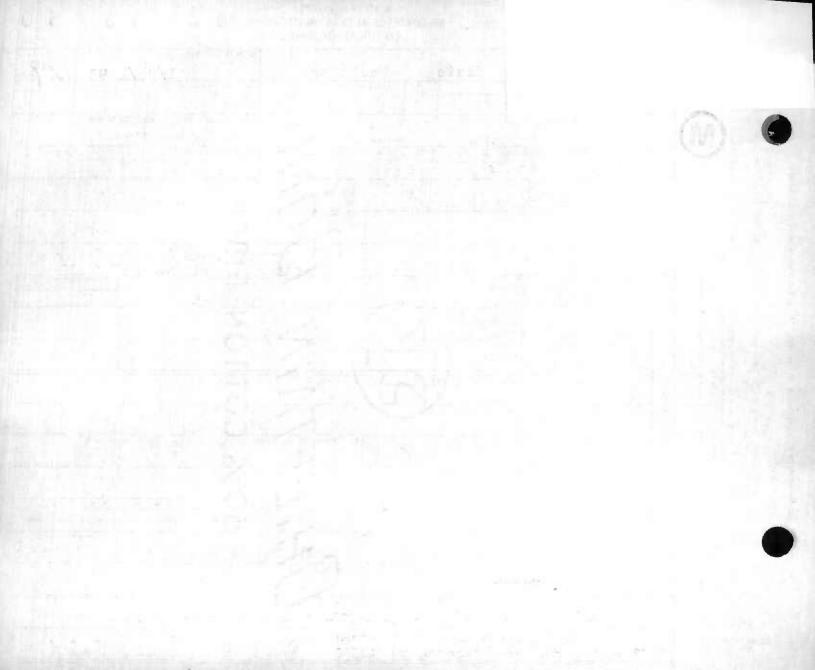
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1	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HY	GIENE 8 3	. ()	3 /	5	0
		CEASED NAME OR PRINT)	FIRST		AIDDLE		AST		20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOU	R 10)
	3. SEX		ary	4 RACE	lsie	J. DATE C	ulkne	r	6. AGE TIN YEARS LAST 8	2/24/	83 FUNDER I YEAR	IE UNDER	PM
mo	3. 30	Female			hite	MONTH		1893	90	YRS.	ONIHS DAYS	HOURS	MIN.
1		RIHPLACE (STATE OR F FOUNTRY) MD	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWE		MARRIED D	9. BALTIMORE CITY Baltimo	or county of			MD
H	1	ITY OR TOWN OF DEA Baltimore	TH /	11. NAME OF H	HOSPITAL, NURSI H FACILITY, GIVE STREE NES HOSP	NG HOME (NOITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST NUTSE		12b. KIND C INDUSTRY	OF BUSINE	
<	130 5	AL RESIDENCE HE NURS STATE MD	MAD COUR		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Catonsv:		YES 🗌	CITY LIMITS?	13e STREET ADDRESS 5124 Gre		Ave.	2122	9
C	14. FA	George		MIDDLE	Tarbu	tton		'S MAIDEN NA Mily	MIDDLE		Simp	son	
2		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	166 SOCIAL SEC 215-32-0		17. INFORM 22 S.	Athol	eral German Ave., Balt	Aged Pi imore. i	eoples MD 212	Home	е
c c		Conditions, if ony, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	(b)	RAS A CONSEQUENCE AS A CONSEQUENCE CONTRIBUTING TO	JENCE OF	NOT RELATE	perteu,	Haw MINAL DISEASE OR COI	NDITION GIVE	N IN PART 1	(0)	
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			r. F	luynh				St. Agr	nes Hospita	L			
		BURIAL, CREMATION,	-	23b. DATE 2/28				CREMATORY	23d. LOCATION CITY OR TOWN	110 min	COUNTY	S 35	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. ²⁵⁰ DATE REC'D.

8728 Liberty Rd., Randallstown, MD 21133 MAR 1

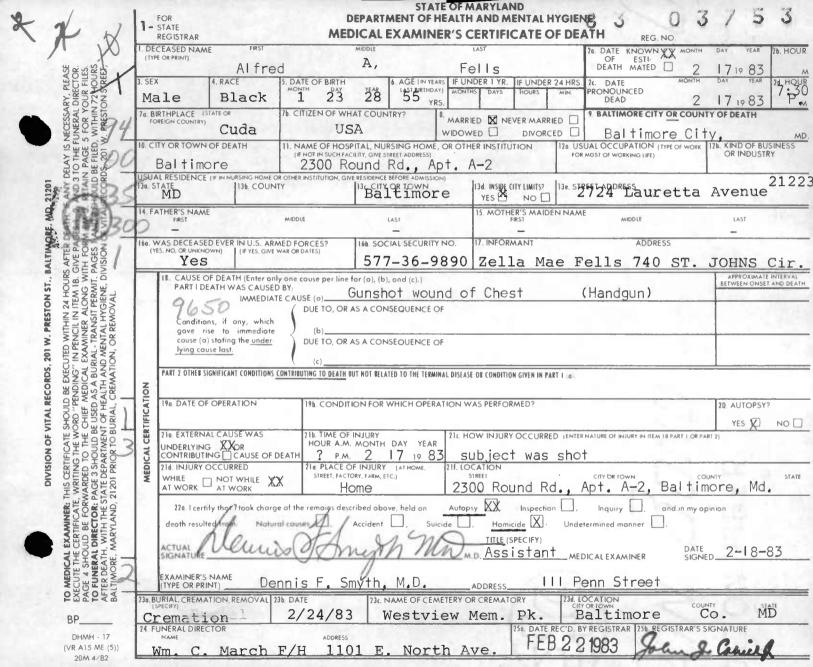


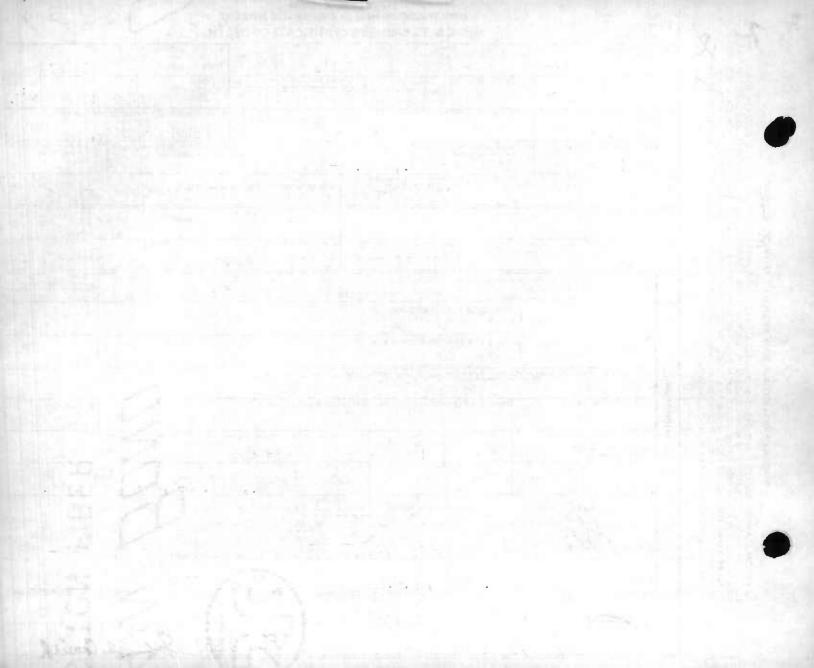
6	X.	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 3 7 5 1
	606		CEASED NAME FIRST	Norman Middle LAST Faulkner Stro-Date of Death Month DAY YEAR 26 HOUR February 14, 1983 857 Pm 4 RACE S. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 24 HRS
			Male	White March 1, 1923 59 YRS MONTHS DAYS HOURS MIN.
	er death. Pol	1	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland ITY OR TOWN OF DEATH	78. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER
102	# 4 pp 3	16	xel timore	TS Balto Gen HOSP Retired Flech Western
YLAND 213	thin 24 hours of 22 hours the control to 2 hours the control to 2 hours the control to 2 hours to 2	M	AL RESIDENCE (IF NURSING HOLE OF STATE AT LOUIS AT VIAND ATHERS NAME	A. Co. Pasadena YES NO NO 1126 Mount Avenue
MAR	p 0120	1	David	S. Faulkner Katie Fleetwood
1MORE.	Poges		370	N/A 216.12.1670 Mrs. Ruth E. Faulkner APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON ST., 8	quires that the death centrics isgued by the attending phy her please remove carbonable to burnol, cremation, or removingly, or other traymatic event	NO	PART I. DEATH WAS CAUSE + 275 IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/19
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ISIO	or attending PHY or attending After this is os the but olth ond M morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE
Va .	ATTENDING the hospital or a DIRECTOR. After sched for use os Dept, of Health		220 I certify that (I) this hosp sow the deceased alive ar abave, (I) (wg) (did) did no	pitaDottended the deceased from 1983, to 2111, 1983, that (I) we lost an 2111 is an analysis the body offer death.
	by the horest DIRE e detoche Stote Dep		226. SIGNITURE (TYPE)	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 220. DATE SIGNED 2/14/83 220. DATE SIGNED
	TO HOSPITAL TO FUNERAL IS should be deto with the Stote [IMPORTANT: #		PETER	+1 COOKE 3001 S. Hanover St. Balto 4130
		230	BURIAL, CREMATION, REMOVAL	CITY OR TOWN COUNTY STATE
	BP	24. F	Bukla UNERAL DIRE	18 Feb. 83 Glen Haven Mem.Pk. Glen Burnie, A.A., MD. Glen Burnie, 250 DATE REC'D. BY REGISTRAR ZILL HE DISTRAR'S SIGNATURE
	DHMH - 16 50M 4/82 (VRA 15, 4)		Singleton F	Funeral Home MD. FEB 17 1983 Chulf

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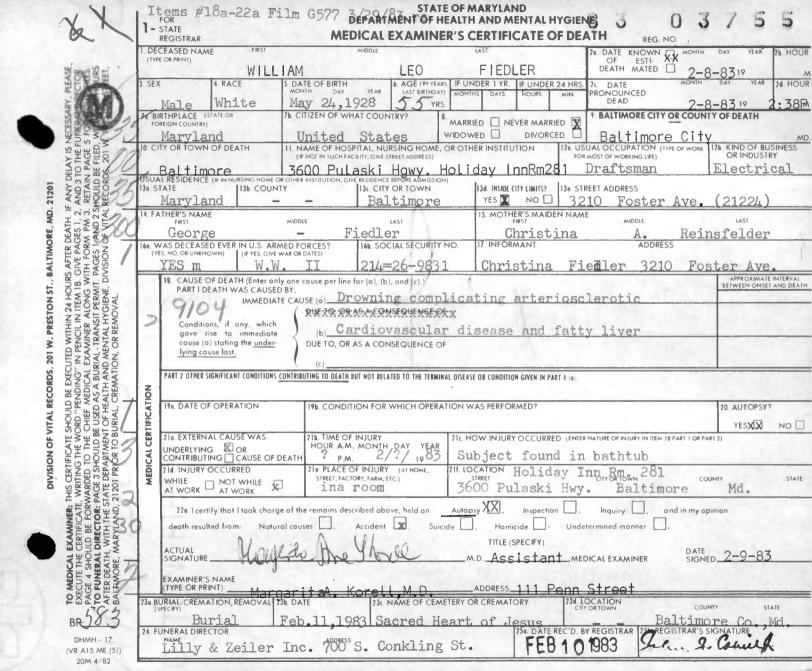
5		FOR GDJ. STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0 3 / 5 2
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
be a de	(TYPE	HENRIETTA	T	FAVOR	FEBRUARY 28, 1983 05:25a
pa b	3. S.F.	4. RACE		5. DATE OF BIRTH 1927	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
-	7	remake 1	rearo	MONTH DAY 1999	YRS. MONTHS DATS HOURS MIN.
AMI.	7a. BI	RTHPLACE (STATE OR FOREIGN 76 CITIZE	N OF WHAT COUNT	RY? & MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1 2/0	N	ORTH CAROLINA U	(, S. A.	WIDOWED DIVORCED	BALTIMORE CITY MD.
0 93 8	10. ⊂		AE OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
s offi	В	ALTIMORE JOH		NS HOSPITAL	THE STREET WARRANT OF THE STREET
212 d in d be	USU.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTI	THE THE STATE OF T	FORE ADMISSION) 138. INSIDE CITY LIMITS?	134 STREET, ADDRESS . 21213
AND 24 h		11. 1).	1////	YES YES NO	1404 LINWOOD HUE
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IIMO	, 14	NO	1960-2	2-9658 HUMER LAU	OR MUY LINWOOD AUR
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ST., I		PART I. DEATH WAS CAUSED BY:	(a) D	rdior espitay	for Amest
ON of the ce		1921 DUE	TO, OR AS A CONSE	OUENOE OF	1+
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W. PR by the sase remains of the remains other tr		gove rise to immediate couse (a), stating the DUE	TO, OR AS A CONSE	QUENCE OF	1, , , ,
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Second is any in a sony in	ICA	190 DATE OF OPERATION 196.	CONDITION FOR WE	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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> Zá Sof ®			TIME OF INJURY UR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF NURY IN ITEM 18 PART 1 OR PART 2)
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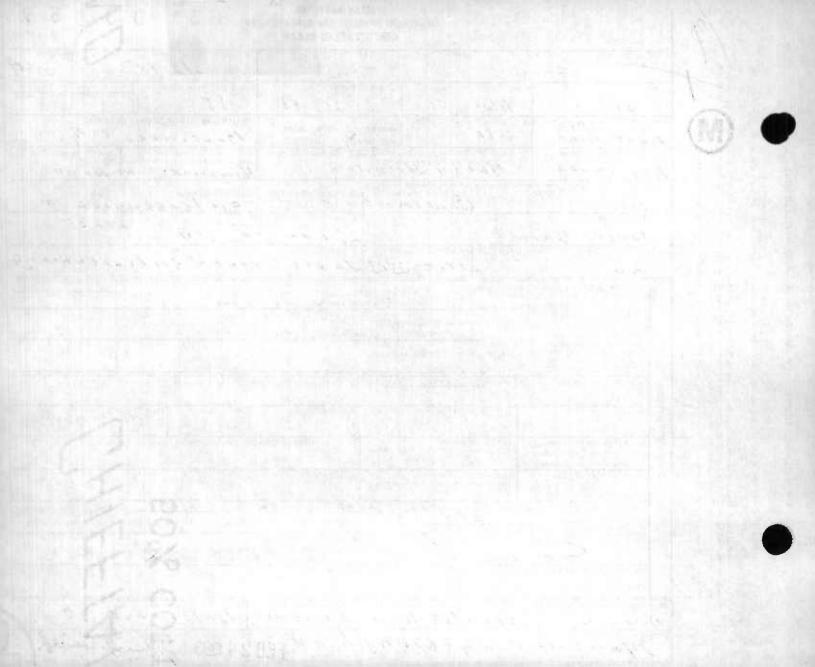
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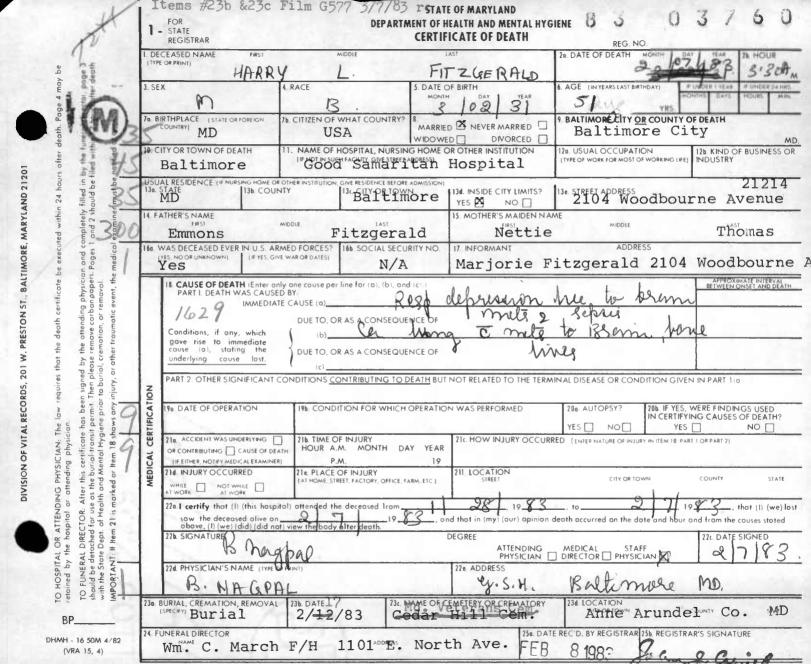
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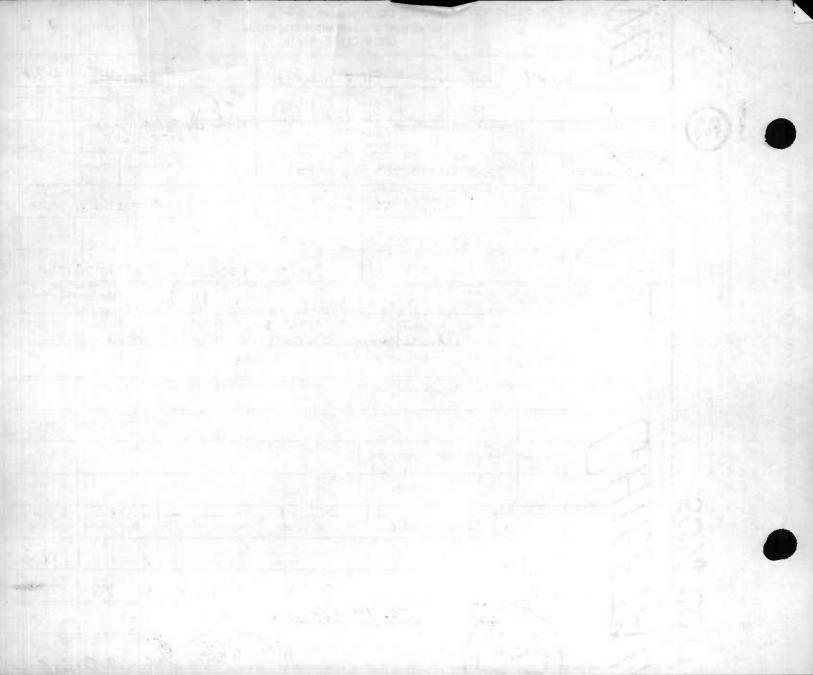
K	FOR STATE REGISTRAR		DEPART	STATE OF MARYLA MENT OF HEALTH AND N CERTIFICATE OF D	MENTAL HYGIENE	8 3 REG. NO.	0 3 /	5 8
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may b	3 SEX	4 RACE	Louraine	5. DATE OF BIRTH		E (IN YEARS LAST BIRTHDA	(Y) IF UNDER 1 YEAR	5 P
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the Distriction		N'S NAME (TYPE OR PRINT)	my m.D	A	HYSICIAN DIRE	OICAL STAFF	1 2/2	1/83
0 - 0 - 0	F	EO-LAI,	FENG M.	D. South	Balton	are to	General	Hos
BP	230. BURIAL, CREMAT	rial 3	12/2002	en Haven Mem	Pk. G	LOCATION Len Burni		Md.
DHMH - 16 50M 4/82	24 FUNERAL DIRECT	OR	Baltony	Md., 21225	FFR 2.5		REGISTRAR'S SIGNATU	RE.

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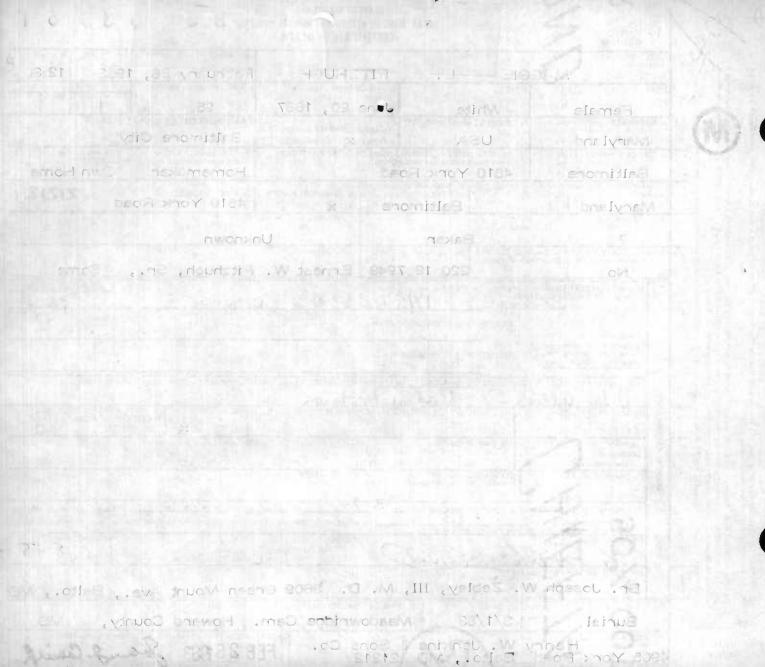
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10 75/	FOR STATE REGISTRAR			DEPARTM	ENT OF HE	ALTH AND MENT		NE B S	0	3 /	6 1
X	1. DECEASED NAME	FIR51	MIDDLE		LA	51		0. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR D
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1 11	3. SEX	4	RACE		5. DATE OF		EAR 6	. AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White		Jane			95	YRS.	52.5	MIN,
· 新加加	TO-BIRTHPLACE (STATE O	R FOREIGN 7	L CITIZEN OF WHA	T COUNTRY?	8 MARRIED	□ NEVER MARRIE	ED 🗆 9	BALTIMORE CITY	OR COUNTY	OF DEATH	1 10 2 7 3
A MAINER	Maryland	5-7/3	USA		WIDOWEL		ED 🗆	Baltimor		/	MD.
1 11 30	10. CITY OR TOWN OF D	EATH 1	1. NAME OF HOSE			OTHER INSTITUTIO		20 USUAL OCCUPAT			F BUSINESS OR
1 11 00	Baltimor		4610 Y	ork Ro	ad			Homemak		Own H	Home
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. When this certificate has been signed by the attending physician and completely filled in the asset buriel-transit permit. Then please remove carbon papers. Pages 1 and 2 should be full the and Mental Hygiene prior to burial, cremation, or removal. The medical examiner to the provinging physician and a shown any injury, or other traumatic event, the medical examiner than the page.	ISUAL RESIDENCE (# NU ISO STATE Maryland	136 COUNT	13t.	RESIDENCE BEFORE CITY OR TOWN Baltimo	4	13d. INSIDE CITY LIM	MITS?	30. STREET ADDRESS 4610 Yor	k Roa	d	21212
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20 1232	230 BURIAL, CREMATION	N, REMOVAL	23b. DATE			METERY OR CREMA		23d. LOCATION		COUNTY	STATE
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DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	Henry	W. Jen	kings &	Son	s Co.		REC'D. BY REGISTRAF	25h PSGISTR	AR'S SIGNATI	JRE
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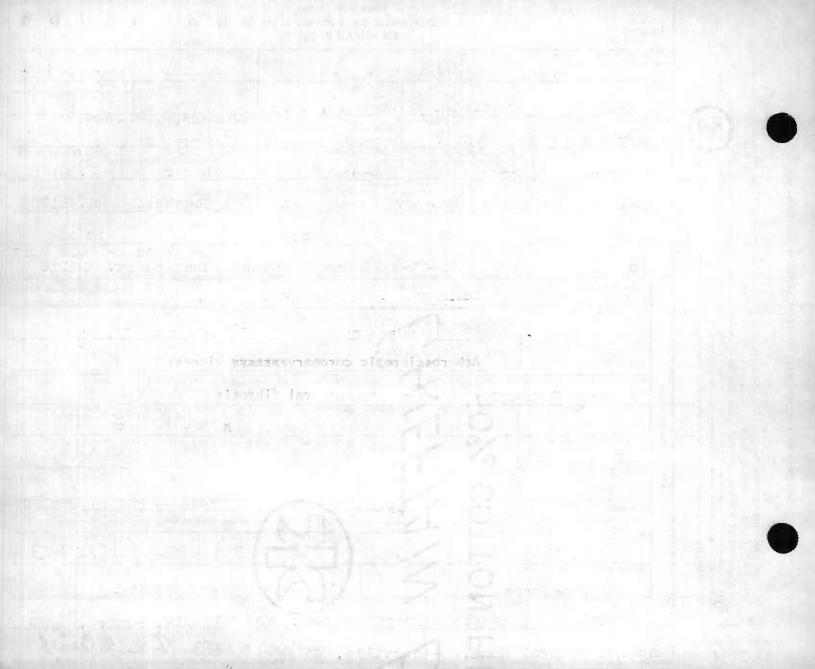
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(M)	10	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
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11 5hm		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C	PROTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY	BUSINESS
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Show a		ATHER'S NAME	Baltimore	YES NO	1 609 N.	Luzerne Ave	21205
and 2	13. 67	FIRST	MIDDLE	15. MOTHER'S MAIDEN NA	WIDDLE	LAST	
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physic anpape emaval.		PART I. DEATH WAS CAUS				APPROXIM. BETWEEN ON	NSET AND DE
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77	FOR		HEALTH AND MENTA	L HYGIENE)	07163
N Y	STATE REGISTRAR		NER'S CERTIFICATE	DEDEATH	0 0 7 0 0
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	G. NO. N X 7 MONTH DAY YEAR 26 HOUF
- (7)	Willia	m GARY	Flynn	OF ESTI- DEATH MATED	
Late		5. DATE OF BIRTH 6. AGE (IN Y	EARS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	2/17/83 19 A
1	MW	JUNE 29 13 69	DAY) HONTUS DAYS DOLLAS	MIN. PRONOUNCED DEAD	2/1//83
74. 1	SIRTHPLACE ISTATEON	76. CITIZEN OF WHAT COUNTRY?	To the second	O BALTIMORE CI	TY OR COUNTY OF DEATH
IN	ARVIAND	115A	MARRIED NEVER MA	ARRIED X	imana Citu
16	TIY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM			(TYPE OF WORK 12b. KIND OF BUSINESS
	Baltimore	301 McMehen St. Ap		SECRETAR	OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME C STATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS TY 13 CITY OR TOWN	13d INSIDE CITY LIMITS	13. STREET ADDRESS	21217
1	V	DALTO	YES 🗶 NO	- 20/116/12	HEN ST.
	ATHER'S NAME	MIDOLE LAST AL	15. MOTHER'S MA	AIDEN NAME MIDDLE	CABSV
1/40	WAS DECEASED EVER IN U.S. AR	MED EORGESS THE SCHOOL SECURIO	TYNO IT INFORMANT	EEN ADDR	GARY
		WAR OR DATES)	777 1111	- ELVALA LA	1003
	110	817.03.7	180 VINCEN	7 FLYNY W	INSFORD KV.
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	by one cause per line far (a), (b), and (c).)	and and days	a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	400 G IMMEDIA	1 / 1 - 1	and cardiovas	cular disease	
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE	OF		
	gave rise to immediate	(b)			
	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
	BLAY A CAMPA CICKWING DAY COMPANIONS	(c)			
z	PAKE Z OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN	N PART 1 (a)	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	PATION WAS PERFORMED?		20 AUTOPSY?
3 5	THE OTHER DESIGNATION	The Condition for Which or E	RATION WAS TENT ONMED!		
ERTI	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY	121, HOW IN HIRY OCCUM	RRED LENTER NATURE OF INJURY IN ITE	YES NOX
	UNDERLYING OR	HOUR A.M. MONTH DAY YEA	R ZTC. NOW INJURY OCCUI	MAED TEMER MATORE OF INTOKY IN THE	m IO FART I OR PART ZJ
MEDICAL	CONTRIBUTING CAUSE OF L	P.M. 19 21e PLACE OF INJURY (ATHOME,	21f. LOCATION		
ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK				
	22a. I certify that I took charg	e of the remains described above, held an	Autapsy , Inspec	ction X, Inquiry ,	and in my apinion
	death resulted fram: Natur	ol caus X, Accident , S	uicide 🔲 , Hamicide 🗀	Undetermined manner	
	ACTUAL //	KILLAND	TITLE (SPECIFY		
-	SIGNATURE	20000	M.D. <u>Assista</u>	nt MEDICAL EXAMINER	DATE 2/17/83
	EXAMINER'S NAME	Harman D. Cuand M.	,	11 Danie Ch. D.	-1+ - M-1 01007
		Hormez R. Guard, M.I	7100 MC 00		alto., Md.21201
23a.l	SURIAL, CREMATION, REMOVAL 2	3b. DATE 23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY
1	JURIAL 6	1/19/83 NEW	LATHEPRAL	· BALIO	MP.
24	NAME	ADDRESS 5311	250. DA	TE REC'S. BY REGISTRAR 736 F	REGISTRAR'S SICHATURE
W	EKEK TUNERA	LITOINE EDMOND	SON AUE	0 - 100c O	

COLALADVI AND

(VRA 15, 4)



1	1-	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLA LEALTH AND M ICATE OF D	NENTAL HYG		0	3 /	6 5
		CEASED NAME FIRST	MIDDLE		AST		REG. NO 2a DATE OF DEATH	O. MONTH DAY	Y YEAR	2b HOUR
30	(TYPE	CHAR	LES J.	FOO	GARTY			7 4	Suns	6 1
1995	1. SE		4 RACE	S. DATE	BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
1		Male Male	White	7	13	17	65	YRS.	NINS DAYS	HOURS MIN
1/5	-	RTHPLACE (STATE OR FOREIGN	76. CITIŽEN OF WHAT	OUNTRY? 8. MARRIE	D NEVER M	ARRIED X	9. BALTIMORE CITY OF	COUNTYO	FDEATH	
		ryland	U.S.A.	WIDOWE		ORCED	BAltin	- 1	itin	MD.
46	В	altimore	11. NAME OF HOSPITA	CAN LE	So. Ca	TUTION	Type of work for most of Labor		126. KIND O INDUSTRY	F BUSINESS OR
25	3a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13c CIT	DENCE BEFORE ADMISSION) YOR TOWN Altimore	13d. INSIDE CIT	TY LIMITS?	13e STREET ADDRESS 2001 Christ	ian St	reet	21223
		ATHER'S NAME			15. MOTHER'S			Lan be	·ICCC	21223
DO		John	J.	Fogarty		Marv	WIDDLE		S	criver
1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMAN		ADDRE	SS	- 5,	CIIVEI
/	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	vailable	Joan M	. Wheat	2001 Chri	stian	St.	21223
	>	18 CAUSE OF DEATH (Enter of	inly ane cause per line far					0 - 2020		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUS		remoni	e					
		4860	DUE TO, OR AS A G	CONSEQUENCE OF						
		Canditions, if any, which gove rise to immediate	(b)							
	1	cause (a), stating the underlying couse lost	DUE TO, OR AS A	CONSEQUENCE OF					133	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBI	ITING TO DEATH BUT	NOT PELATED	TO THE TERM	NALDISEASE OR COND	ITION CIVEN	INI DART 1	
	Z	Caraba	. 1		NOTRELATED	IO INE TERMI	INAL DISEASE OR COINE	THOM GIVEN	IN PART TO	
	CERTIFICATION	19a. DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USED
9	TIFIC						YES NO	IN CERTIFYIN		OF DEATH?
		210. ACCIDENT WAS UNDERLYING		Y ONTH DAY YEAR	21¢ HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART) OR PART 2)	
9	ICAL	OR CONTRIBUTING CAUSE OF DE	Ain	19	1000					
	MEDI	214 INJURY OCCURRED	21e PLACE OF INJU	RY DRY OFFICE FARM, ETC 1	211. LOCATION	N	CITY OR TOV	/N	COUNTY	STATE
		AT WORK AT WORK	/	1	/		/		200	
		220.1 certify that (I) (this hasp saw the deceased alive or	- / 11 /	-	183	., 19	_, to			that (I) (we) lost
		obove, (I) (we (Idja) (did no	ot) view the body after de	ath		aur) apinion a	leath occurred an the da	te and hour o		
		aclay	136			TENDING HYSICIAN	MEDICAL STAF		22c. DATE	483
		224. PHYSICIAM'S NAME (TYPE	OR PRINT)		22e. ADDRESS	7			/	1
		Hores	Blacks	No	Lut	read	(tospira			
		BURIAL, CREMATION, REMOVAL		23c. NAME OF C			23d. LOCATION		QUNIV	STATE
		Burial	2/7/83	Cedar I	lill Cer		Brooklyr		A.A.	Marylan
1.		JNERAL DIRECTOR			1229	25a DATE	BEC'D. BY REGISTRAR	Sh RIGISTRA	R'S SIGNAT	policely
	Hu	bbard Funeral	Home, Inc.	4107 Wilker	ns Ave.		,0 11000	0		

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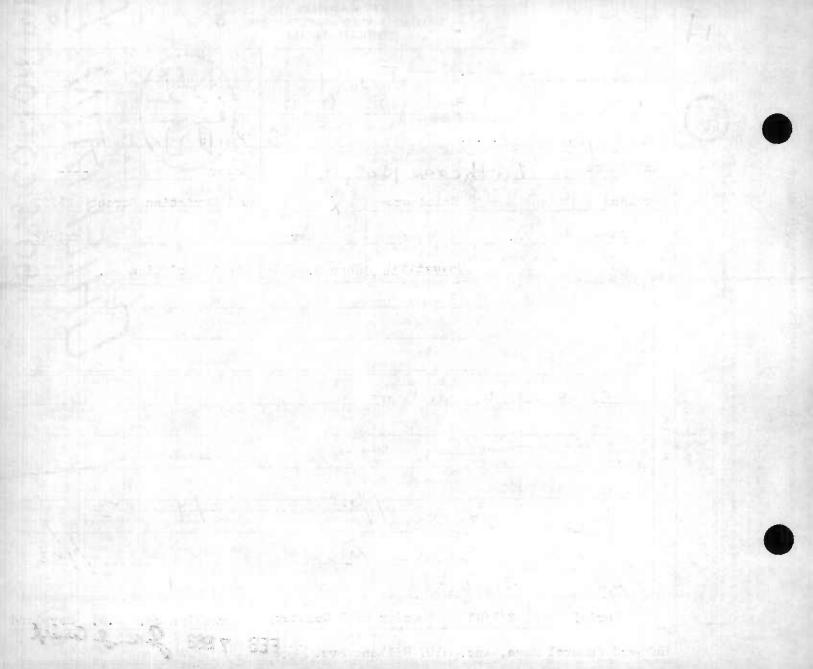
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should be detoched for use as the buriol-tronsit permit. Then please remove contains with the State Dept. of Health and Mental Hygiene prior to burral, cremation, or enter

O HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos

inplerely filled in by 1 and 2 should be filed

attending



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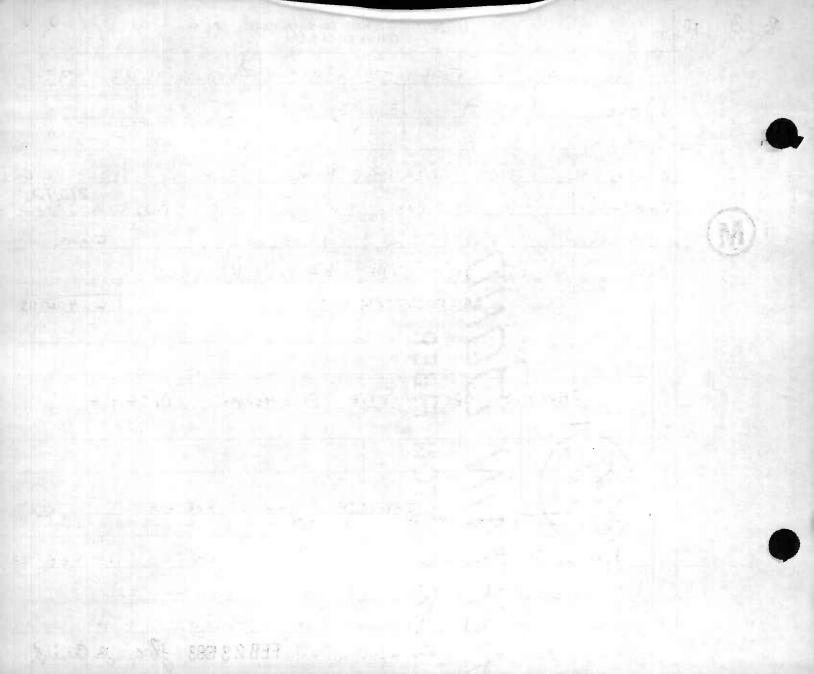
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•	er death. Poge 4 may t	Contract of the second
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ortending physician and completely littled in by the fune signed should be detacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shilled be filled with

3	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 3 / 6 8 CERTIFICATE OF DEATH REG. NO.							
death	(TYPE	EASED NAME FIRST ALICE		NOFF	20 DATE OF DEATH MONT	-9-83 6P.				
2	SEX	Female STATE OR FOREIGN	4. RACE S DATE S DATE TO CITIZEN OF WHAT COUNTRY? 8	- 26 - 89	6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR CO	MONTHS DATE HOURS MIN.				
35	al	to.Md.	U. S. A. MARRIE	D NEVER MARRIED DIVORCED DOROTHER INSTITUTION	Baltimore 126 USUAL OCCUPATION					
34	E	Baltimore L RESIDENCE (IF NURSING HOME O	(IF NOLIN SUCH FACILITY, GIVESTREET ADDRESS)	RS Hosp.	TYPE OF WORK FOR MOST OF WOR Housewife	RKING LIFE) INDUSTRY				
35	30. S	Md. 13b COU		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 6104 Mea	21207. dow Avenue				
900		William	Dykman Dykman	Sophia	MIDDLE	Meyers				
e medico	So W	AS DECEASED EVER IN U.S. A		Mr. Howar	4 MeadowRAV d C. Hanrah	eBalto., Ma an- 21207. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ury, ar other troumatic eve	z	PART I. DEATH WAS CAUS 0399 IMMEDIA Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	FAILU SEPSIS NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)				
ows any initial	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \to NO \to				
	NA I	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT					
arkedo	WEI	WHILE NOT WHILE DAT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE				
m 21 is m		sow the deceased alive at	n 2 - 9 - 19 2 3 of the view the body after death		death occurred on the date on	nd hour and from the couses stated				
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		220 PHYSICIAN'S NAME (THE	Jullia	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [279/1				
IMPORTANT		CURTIT	JULKA	120 ADDRESS		10sPITAL				
23	3a BI	Burial Burial	1//	EMETERY OR CREMATORY Lawn Cemet	23d LOCATION CITY OR TOWN ETY -Baltime	ore, Maryland				
/B1 24	4 FU	NERAL DIRECTOR	John A. Maddress Dna;	25a. DAT	EB 1 4 1983	ISTRAR'S SIGNATURE				

ecttions from THE STORE SECRET STREET ALLEGO DE PROPERTO STOLE ROCKER ADELLES. SEES - Automotive to the control of the seed of the se Surfer of the . It, 1983-the story story of the second story THE PART SELECTION

B	3	70	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE SCENTIFICATE OF DEATH	3 7 6 9
	6		1. DÉ	CEASED NAME FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 7h HOUR
	of the			OR PRINT)	O FOOTETIO (O	DAY YEAR 26. HOUR
	may be page 3 er death		3. SE	WILLIAM	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	tor.		~	1016	MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
	Page	4	70 B	RTHPLACE (STATE OR FOREIGN	THE STATE OF WHAT COUNTRY? & THE STATE OF SALTIMORE CITY OF COUNTRY	V 05 55 17 11
	eral 72 h	2	C	OUNTRY	MARRIED NEVER MARRIED	YOFDEATH
	fun fun	D	10. C	TARYLAND TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	LITY MD.
_	ofte the	\$3/D	0		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR INDUSTRY
120	file file	3		L RESIDENCE (IF NURSING HOME OR	5109 UND IRWOOD KORD SUP.	13.+O.KAII KOAI
10 2	2 33	124	130. 3	TATE 136 COUN	TY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13c STREET ADDRESS	21212
LA.		120		THER'S NAME	BAITIMORE YES W NO 5109 UNDS	RWOOD ROAD
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π, Σ	/in	DIL	14a V	LARENCE AS DECEASED EVER IN U.S. ARA	FLORES 12R FLORENCE	FRYE
OR OF	ex.	medic		ES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	
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BA	physici	event, the			y one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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0	th candin	froumotic	1	1919	DUE TO, OR AS A CONSEQUENCE OF	
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6	the re-			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	STATE OF THE STATE OF
2	that d by eose	r of		underlying couse lost.	(c)	
s, 2	gne gne en pl	injury, or other	~	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but not related to the terminal disease or condition gi	VEN IN PART 110
OR O	2 S F C	in i	OI.	CHROI	VIC OBSTRUCTIVE PULMONARY DIS	EASE
ECC	low r	a a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
AL	The Land	ked or Item 18 shows	RTIF			ES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	SICIAN: The ng physicial certificate lerial-transit	18 s		21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Ö	IYSICIAN: ding physis is certifical burial-tran	E T	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	
o o	PHYS endir this the bu	0	EDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OF LOWN	COUNTY STATE
<u> </u>	After the as the	rkeo	2	WHILE NOT WHILE AT WORK	TAT NOME, STREET, FACTORY, OFFICE FARM, ETC.)	STATE
۵	0 0 0	21 is marked ar Item		22a.l certify that (I) (this hospita	all attended the deceased from JANUARY 1983 to PLESENT	, 19, that (I) we last
	F 5 0 F 7	-		sow the deceased alive on above. (1) we) (did vidid not	9 FEBRUARY 1983, and that in (my) purippinion death accurred on the date and ha	ur and from the couses stated
		5 6				- Constitution Courter Moreco
	hospir RECT hed fo	tem 2		22b. SIGNATURE	Niew the body offer death. DEGREE	22c. DATE SIGNED
	0 0 0 00	Hem		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF	22c. DATE SIGNED
	0 0 0 00	Hem		224. PHYSICIAN'S NAME TIME OR	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
	0 0 0 00	Hem		226. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 220 ADDRESS	15 FEB 83
	AL O the detoc	Hem	23a. B	226. SIGNATURE 22d. PHYSICIAN'S NAME TYPE OR DR - DELORS	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	15 FEB 83
	TO HOSPITAL O retained by the TO FUNERAL D shauld be seed to the total of the total	Hem	23a. B	226. SIGNATURE	DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSIC	15 FEB 83
	0 0 0 00	MAN THE STORE CEPT.	C	226. SIGNATURE 22d. PHYSICIAN'S NAME TYPE OR DR - DELORS	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	15 FEB 83 TAL BOLTO- MARYIANO



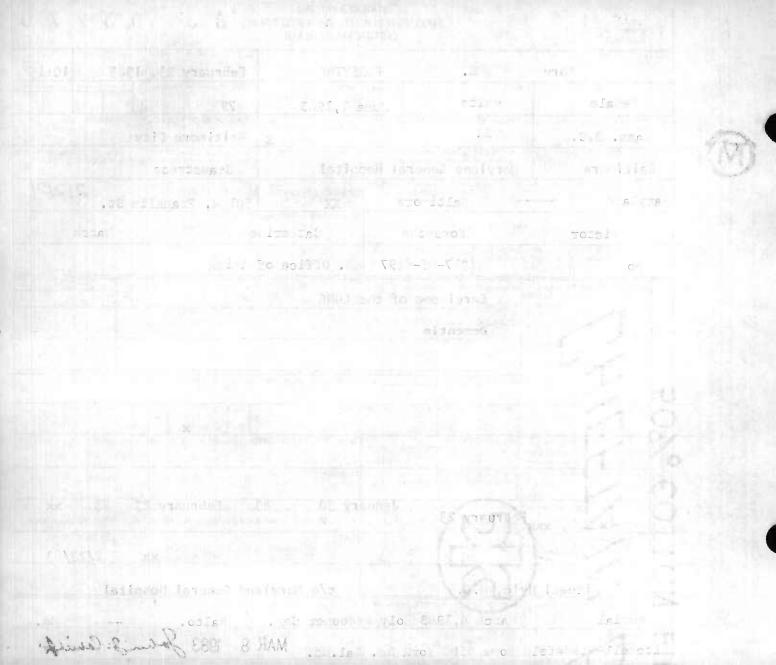
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physicion.

DHMH - 16 50M 4/

(VRA 15, 4)

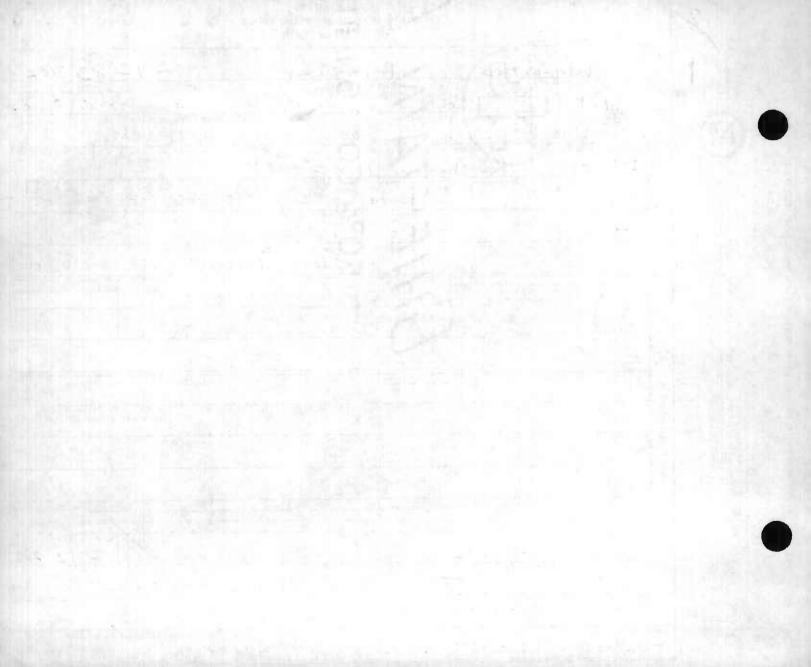
	1-	FOR STATE REGISTRAR		DEPARTN	LENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	3 7	70
		CEASED NAME FIRST		MIDDLE	L.	AST .	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	littre	Mary	1	Ε.	FO	RSYTHE	February :	23, 198	33	10:15 M
	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
		female	whit	te		e 1,1903	79	YRS.		
47	1	RTHPLACE (STATE OR FOREIGN Wash. D.C.	76. CITIZEN OF	WHAT COUNTRY?	MARRIES WIDOWE	DINEVER MARRIED DINORCED	9. BALTIMORECITY O Baltimore	-	FDEATH	MD
18	E	TY OR TOWN OF DEATH	Maryla	and Genera	DORESS)	or OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF Seamstre	F WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
35	130. S Man	AL RESIDENCE I IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION	13d. CITY OR TOWN					St. 2	11201
00	14. FA	THER'S NAME Victor	MIDDLE	Forsythe		15. MOTHER'S MAIDEN NAM Catherin			Marek	ST C
/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) IF YES, GIV	IVE WAR OR DATES!			Md. Office of Aging				
	ERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, O		NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONI	20b. IF YES.	WERE FINDING CAUSES	NGS USED
d	E						YES NO NO	YES		NO [
9	0	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	IY IN ITEM 18 PAR	TI OR PART 3)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	NH	COUNTY	STATE
		22a. certify that X() (this haspi sow the deceased alive on abave X() (we) (did) (did)	tal) attended the Februar	e deceased from		d that in (My) (our) opinion o			and from the	
		22b. SIGNATURE	114	1. 4		DEGREE ATTENDING	MEDICAL STAF	F	22c. DATE	
-		22d. PHYSICIAN'S NAME	100	1/1/4/	-/)	PHYSICIAN [DIRECTOR PHYSIC	IAN X	2/2	3/83
		Mixhael				c/o Maryla	and General	Hospit	al	
		BURIAL, CREMATION, REMOVAL SPECEY) Burial				edeemer Cem.	23d LOCATION CITY OF TOWN Balto.		COUNTY	Md.
82		uneral director tchell-Wiedefel	.d Home	6500 York	Rd.		8 1983	276. REGISTRA	2. Con	week.



KATERU TANGERMAN X 2 CONTINUE IN STEER THE PERSON ATTHER PROTECTION ALE FEB 16 1983 John L. Carl

THE SERIES AND TO SERVED THE THE THE SERVED IN THE SERVED ite , com l'ite s itil Cine ut. anl at. '?? clii o e 2/12 and the certification of the c ava ZA The following was sever the way the of the rial to. 17,1982 - lacy liler tocarysville, total to. ite alle ises el come, re. alto., c. :71

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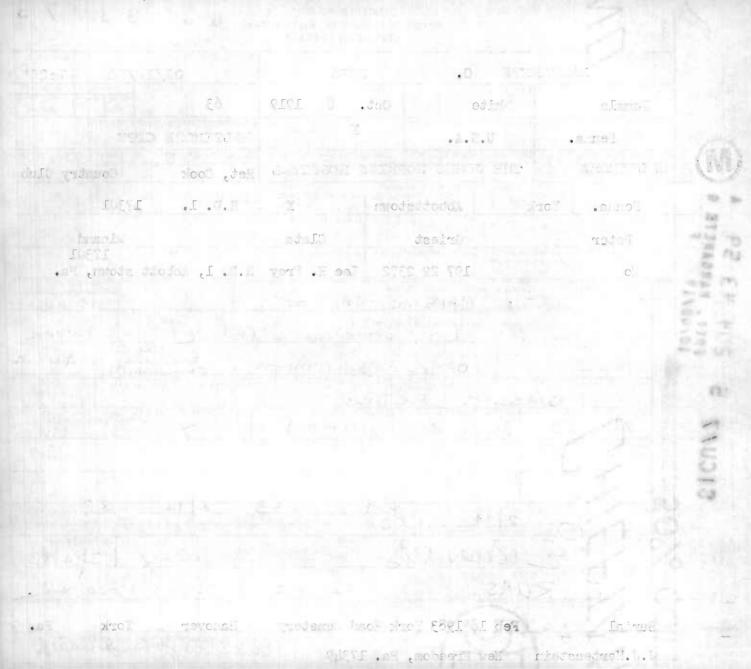
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7	1 -	FOR STATE	DEPAR		LTH AND MENTAL HYG	GIENE 💆	0	JJ	, -
		REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
B		CEASED NAME FIRST	WIDDLE	LAST		2a DATE OF		DAY YEAR	2b HOUR
	(III)	HATTE	LEE	FREED			2	7 1983	2:508
141	3 SE		4 RACE	5. DATE OF E	BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
7	e.	FEMALE	WHITE	MONTH	98 1891	97	YR	MONTHS DATS	HOURS MIN.
١,	Va. BI	PHPLACE Virginia	76 CITIZEN OF WHAT COUNTRY	Y? 8.	NEVER MARRIED	9 BALTIMOR	RE CITY OR COU		
1	5	XXXXXXXXX	USA	WIDOWED		BA	LTIMORE	CITY	MD.
19	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKIN	12b KIND O	F BUSINESS OR
		BALTIMORE	ST. AGNES H	HOSPITA	L		sewife	Hon	ne
1	130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO		d. INSIDE CITY LIMITS?	13e STREET A	DDBESS		
2		-	timore Catons		ES NO X			de Ave.	21228
12	4. FA	ATHER'S NAME		15	MOTHER'S MAIDEN NA			area and	
H.	J	ames	Full	k	Emma		MIDDLE	Custe	er
0		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17	INFORMANT		ADDRESS	2000	
4		YES, NO OR UNKNOWN) (IF YES, GIV	A 219-40	-1399 Z	ona Ryer	4830	Briarc]	Liff Rd	. 21229
	20	18 CAUSE OF DEATH (Enter on	nly one couse per fine for (a), (b), (and (c).)	A		3777		IMATE INTERVAL ONSET AND DEATH
П	13	PART I. DEATH WAS CAUSE	TE CAUSE (D) Cartie	regio 19	ton arres	6		196	
	DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which	(16) Mastive	strol	Le				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	NIENCE OF			1 0		
		underlying couse last	Constitu	e heart	leviene quite	bronch	uh's		
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	O DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN PART 10	01
	CERTIFICATION		Diabetes me	llitus					
	CAT	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION V	VAS PERFORMED	20a AUTOR	PSY? 20b. IF	YES, WERE FINDIN	4GS USED
6	TIF					YES 🗌	NOT	YES [NO [
7		21a ACCIDENT WAS UNDERLYING		DAY YEAR	Ic HOW INJURY OCCUR	RED (ENTER NATE	URE OF INJURY IN ITEM	18 PART I OR PART 2)	
7	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ALITY CONTRACTOR OF THE PARTY O	19					
	(GE)	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		I LOCATION STREET		CITY OF TOWN	COUNTY	STATE
	~	AT WORK NOT WHILE AT WORK							
1			tol) ottended the deceased from	0 07	. 19 8 2	, to	2-7		that (I) (we) last
		sow the deceosed alive an above, (I) (me) (did) (did no	it) view the body after death.		hat in (my) (aur) opinion	deoth accurred	on the date and	hour and from the	couses stated.
		226. SIGNATURE	Sur Land		REE ATTENDING	MEDICAL	CTAFF	22c DATE	
		yan v	ia maguin		D. PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	7 2-	7- 93
		22d. PHYSICIAN'S NAME (TYPE O		2	Re ADDRESS				
		QUI DIEN	N HUYNH		900 S. Ca	ton Av	re. Bal	to., 212	229
		BURIAL, CREMATION, REMOVAL		NAME OF CEM	ETERY OR CREMATORY	23d LOCAT	TION	COUNTY	STATE
		Burial	2/9/83 Cre	est Law		n.Colu		Howard.	MD
		UNERAL DIRECTOR	ADDRESS			E REC'D. BY RE	GISTRAR DO	GISTRAR'S SIGN	URE •
	Ma	cNabb Funera	I Home, Cato	nsville	e, MD	0 72	AND THE	and to	Sales A

DHMH - 16 50M 1/B1 (VRA 15, 4)

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5	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE S S	0 3 7 7 5
A CLEON BY THE	I. DECEASED NAME FIRST	MIDDLE	ĹÁST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be poge 3	(TYPE OR PRINT) MARGA	RETE G.	FREY	02/1	4/83 7:20 ^P _M
e 4 moy ctor, po	J. SEX Female	4 RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Party Property	Penna.	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COURSE C	NTY OF DEATH
. (M)	BALTIMORE	THE JOHNS H	OPKINS HOSPITAL	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Club
ND 212	130. STATE 136 COI	UNTY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS R.D. 1.	17301 99999
BALTIMORE, MARYLAND 2120 cote he executed within 24 hap- pred Page 1 orld 2 should be roof.	14. FATHER'S NAME FIRST Peter	MIDDLE LAST Griest	15 MOTHER'S MAIDEN NA Clata		Winand
H WEST	(YES, NO OR UNKNOWN) (IF YES,	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	17301
IIWO	No	197 22	2372 Lee H. Frey	R.D. 1, Abbott	stown, Pa. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., equires that the death certain is signed by the alternation common arrows common or recovered common or requiring or other find undifficulting or other find undiffic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN:	iABETES M	JENCE OF Venter Cular	AINAL DISEASE OR CONDITION	AMONTH STILL
The low recion.	190 DATE OF OPERATION 2 10 83 210. ACCIDENT WAS UNDERLYING	ADRIC REG	SURGITATION	YES NO NO IN CE	RTIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate priol-tronsi	OR CONTRIBUTING CAUSE OF C	HOUR A.M. MONTH (DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	IS PARTIOR PARTZ)
NG PHYSIC ottending firer this cer os the burio	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spirol or CTOR: Af 3 for use o . of Heolth	sow the deceased alive above, (1) (we (did))did	pital) attended the deceased from 19_not) view the body after death.		deoth occurred on the dote and	hour and from the causes stated
rat OR , y the ho y the ho detached detached or the lift if then if the lates of th	22b. SIGNATURE	Eluas M	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 214 83
O HOSPITAL eloined by th TO FUNERAL should be dero with the Stote MAPORTANT. II	228 PHYSICIAN'S NAME (TYPE	CUAS	JOHN 8	HOPKINS	Hospinal.
2000	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
9997BP	Burial	Feb 18 1983 Y	ork Road Cemetery	Hanover	York Pa.
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME J.J.Hartenstei	n New Freedom	, Pa. 17349	B 2 2 1983	SISTRAR'S CIGATURE COLUMN



		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	HINOM	DAY YEAR	2h HOUR
e eoth	{TYP	E OR PRINT)	LMER		D.	FR	ITTER	1	2		15 83	4.45
La Jan	3. SE	x Male		4. RACE Wh:	ite	5. DATE C		*527	6. AGE (IN YEARS LAST BI		MONTHS DATS	IF UNDER 24 HI HOURS MI
M		IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNT	MARRIE	NEVER A	MARRIED -	9. BALTIMORE CITY O			
34	ITY OR TOWN OF DEA' Baltimore	тн	11. NAME OF H				TITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Paper Hand	ION OF WORKING LI	12b. KIND OF	salto.	
35	130.	AL RESIDENCE (IF NURSII STATE aryland	NG HOME OR 13b COUN	OTHER INSTITUTION.		FORE ADMISSION)	13d. INSIDE C	CITY LIMITS?	316 S. Mt.	100		2122
300	14. F	ATHER'S NAME FIRST Harvey		MIDDLE N.	Fr	itter	15 MOTHER'S	S MAIDEN NAM	WE		Keri	ıs
Pages 1		YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES) TT	220-22		17. INFORMA Erma J		ter 316 S.		livet La	ane 21
ent, the		18 CAUSE OF DEATH PART I, DEATH WA	AS CAUSE!	ly one couse per D BY: E CAUSE (a)	line for (a), (b),	Dio Pu	L Mon	VARY	ARRE	٤٦,	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEAT
s any injury, or athe	CERTIFICATION	19a DATE OF OPERAT	last. IFICANT C	ONDITIONS CO	R AS A CONSEC PONTRIBUTING TO TION FOR WHI	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	20b. IF YE	VEN IN PART 1(0 S, WERE FINDING FYING CAUSES	GS USED
m 18 shows		210. ACCIDENT WAS UNDE	RLYING _	1	M. MONTH	DAY YEAR	21c. HOW IN		YES NO	YI	ES 🔲	NO 🗆
rked or Iter	MEDICAL	(IF EITHER NOTIFY MEDIC. 21d INJURY OCCURRI WHILE NOT WHILE AT WORK	ED ·	21e. PLACE		CE, FARM, ETC 1	211. LOCATIO STREET	NC	W A CITYORIC	OWN	COUNTY	STATE
Spital or a CTOR: After for use as of Health		220.1 certify that (1) (saw the decease above, (1) (we) (di	d olive on.	2-1	5-19	P), ar		, 19 di (our) apinian	deoth accurred on the d	ate and ha	or and fram the c	
ZT: If Her	5	226. SIGNATURE	for	A mil	le				MEDICAL STA	FF CIAN []	27c. DATE S 2 -	IGNED -15-A
with the State		22d PHYSICIAN'S NO			KA	el e	22e ADDRES	Bon	Soco	UR	408	P.7 1/
≾ ,		Burial, Cremation, F (SPECIFY) Burial	REMOVAL	23b. DATE 2/19/		Loudon		CREMATORY emetery	Baltimo	re	county Ma:	ry 1a'n'd
/80		uneral director bbard Funer	ral H	ome, In	c. 4107	^S Wilken	1229 s Ave.		e rec'd. by registrar 1 8 1983	25 REGIS	TRAR'S SIGNATU	RE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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) /	1 - STATE REGISTR	AR			STATE OF MAR FOR HEALTH AN ERTIFICATE O	D MENTAL HY	SIENE 8 3	0 3	3 7 7 7
moy be	1. DECEASED N. (TYPE OR PRINT) 3. SEX	ELIZABE	4. RACE	ina Fr	ATE OF BIRTH		20 DATE OF DEATH		YEAR 26. HOUR 83 2:50. PN ER TYEAR IF UNDER 24 HRS.
9 9 9 4 1	Fema		White		2 7	09	74	YRS.	
deoth. Pe	BIRTHPLACE COUNTRY) WARY ID CITY OR TOV	land	76. CITIZEN OF WH	• v	ARRIED NEVE	DIVORCED XX		e (ity	MO
by the fulled with	Balt	more	Mercy	SPITAL, NURSING H GUITY, GIVE STREET ADOR HOSPITAL	(55)	NSTITUTION	120 USUAL OCCUPAT ETYPE OF WORK FOR MOST OF Retired	OF WORKING LIFE)	KIND OF BUSINESS OR SUSTRY Deamstress
in 24 hou y filled in thauld be	Maryla			Baltimore	138. INSID YES			ern Avenu	ne 21224
completely lond 2 sh		nge		Rodenberg		Frances	WIDDLE		Dahms
te be execution and colors. Pages all.	(YES, NO OR UN	SED EVER IN U.S. AR	MED FORCES? 161	217-01-82	96 Glo		eager 6221		eda 21239
that the death certificate d by the attending physici lease remove carbon paper ial, cremorion, or removal. or other troumatic event, the	Condition gove ris	as, if ony, which e to immediate a), stating the	DUE TO, OR A	S A CONSEQUENCE		deony	poly		
equires n signe Then p r ta bur injury,	PART 2 C	Andre S	devos-				NINAL DISEASE OR CON		
The law relicion. It has been sit permit. I gliene prior shows any ii	TIFIC	OF OPERATION		IN FOR WHICH OPE			200 AUTOPSY?	IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH? NO [
ding physicic is certificate buriol-transit Mental Hygic or Item 18 sho	00 000 1101	NT WAS UNDERLYING [BUTING] CAUSE OF DEA NOTIFY MEDICAL EXAMINER	HOUR A.M.		YEAR 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR	PART 2)
G PHY: prendig er this the bu and M ked or	OR CONTRI	Y OCCURRED NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM,	211. LOCA STI	ATION REET	CITY OR TO	wn co	DUNTY STATE
OR ATTENDING e hospital or of DIRECTOR: Africated or or ose Dept. of Health f them 21 is mort	sow	fy that (I) (this haspit he deceased alive on , (I) (we) (did) (did no	2/82	1982	ond that in (r	ny) (aur) apinion	death occurred on the d	ote and hour and f	that (I) (we) lost rom the couses stated
ALOR A the hos ALDIREC detached ate Dept. IT; If Item	22b. SIGN) mun		DEGREE	ATTENDING PHYSICIAN [MEDICAL STA	FF	ALDATE SIGNED
TO HOSPITAL (To FUNERAL E should be detool with the Store IMPORTANT: If	22d PHYS	CIAN'S NAME (TYPE O		agn	22e. ADDI 29	RESS 34 E.	BATILLOR	E51	21224
Day Day X	23a. BURIAL, CRI	mation, REMOVAL	236. DATE 2-26-8		Vestview		23d. LOCATION CITY OR TOWN Westvie	w Balto	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DI		er & Son	Inc. 6224	Eastern	. FF	R 2, 5 1983	SW REGISTRAR'S	SIGNATURE

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injury, ar ather traumatic event, the

MPORTANT: If Nem 21 is marked ar Item 18 show

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR STATE REGISTRAR	DEPAR	STATE OF MA TMENT OF HEALTH A CERTIFICATE (ND MENTAL HYG	IENE 8 3	0	3 / 1 8
1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONIH DAY	YEAR 2h HOUR
Sophie F	. Frost			February 8	. 1983	1//# M
3. SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		NDER 1 YEAR IF UNDER 24 MHS
Female	White	April 29	1894	88	YRS.	HS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN' Maryland	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NE	9 BALTIMORE CITY OR COUNTY OF DEATH			
10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS 115 E. Melros	e Avenue 21		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MOST	ON I	2b. KIND OF BUSINESS OR NOUSTRY
USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 13b, COU	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY Balti	ORE ADMISSION) OWN THORE YES Z	DE CITY LIMITS?	13e STREET ADDRESS 5805 Rola	nd Aveni	2121Ø
Elias W. Fro	MIDDLE LAST	15. MOT	Annie Ba	ates Pereg	oy	LAST
160 WAS DECEASED EVER IN U.S. A (YES NO PRUNKNOWN) (1F YES, G	RMED FORCES? 166 SOCIAL SE 215 14	4.6		ADDRI Owen Fidel:		lding
PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEG	DUENCE OF	VI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
underlying couse lost.	DUE TO, OR AS A CONSEC		ATED TO THE TERM	INIAI DISEASE OD CON	DITION CIVEN I	NI DADT 1
	CONDITIONS CONTRIBUTION	DEATH BOT NOT REE	ATED TO THE TERM	INAL DISEASE OR COIN	DITION GIVEN I	NEARLING
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PE	ERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?
OR CONTRIBUTION CAUSE OF RE		DAY YEAR	W INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFIC	E, FARM, ETC)	ATION	C 1/19/10	W 0/	COUNTY STATE

AL HOR and that in (my) (our) opinion death occurred on the date and hour and from the courses sta

PHYSICIAN MEDICAL STAFF
DIRECTOR | PHYSICIAN

5006 Roland Avenue 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 231 NAME OF CEMETERY OR CREMATORY 73b DATE

Mt. Olivet Cemeter

23d. LOCATION
CITY OR TOWN
Baltimore COUNTY 250 DATE REC'D. BY REGISTRAL EEB 15 1983

Maryland

STATE

24. FUNERAL DIRECTOR

Helfric

Burgee Funeral Home 3631 Falls Road 21211

William

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

j. 00

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Mark Comment

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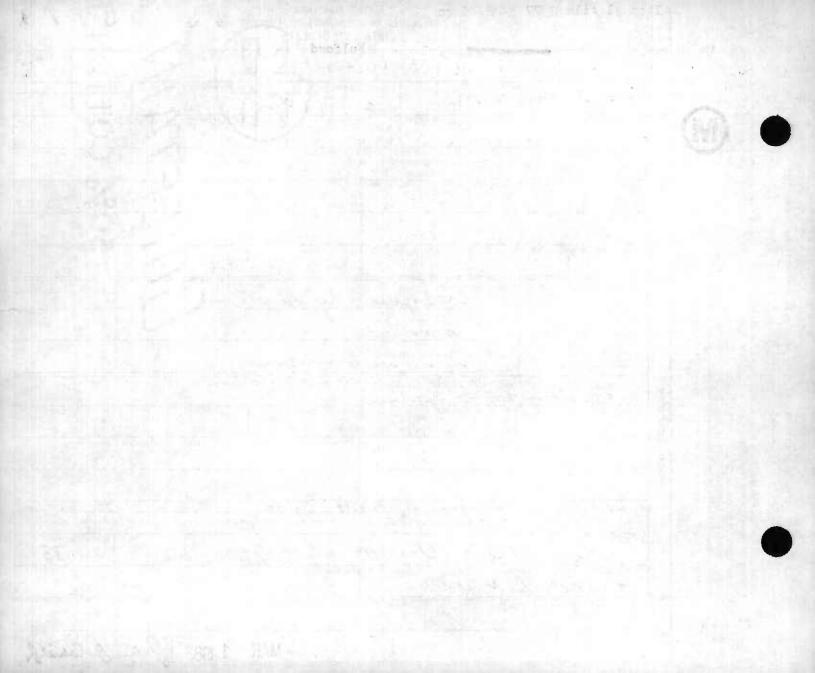
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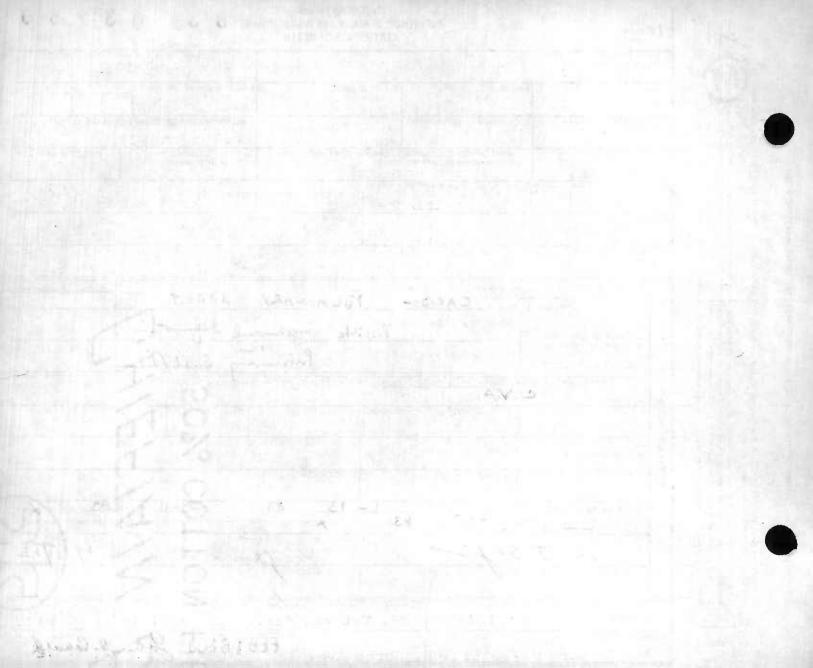
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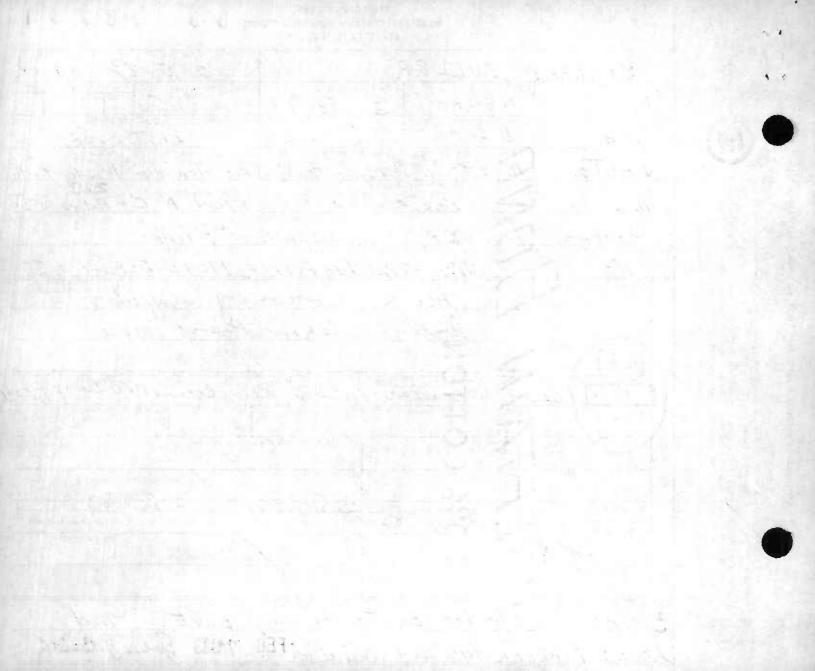
DHMH - 16 50M 4/82

(VRA 15, 4)

Wm. C. March F/H

STATE OF MARYLAND





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

į	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.			
1		CEASED NAME FIRST	N	AIDDLE	L	AST	20 DATE OF DEATH		AY YEAR	26 HOUR	
í	(HIPE	CATHERI	NE A	1.	ABIS			2 00	6 83	5 30 A	М
ij	3. SE)		4 RACE		5. DATE C		6. AGE (INYEARS LAST E		ONTHS DATE	IF UNDER 24 HRS	_
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ij	In BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY	1.00	OF DEATH		_
S		ennsylvania	U.S.	.A.	WIDOWE	D NEVER MARRIED U	BALTIM	ORE CIT	Y	A	MD
		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	HOME	OR OTHER INSTITUTION	120. USUAL OCCUPA			F BUSINESS O	_
f		BALTIMORE	Union	Memoria	1 Hc	spital	Tavern o		INDUSTRY		
pl	13a. S	AL RESIDENCE (IF MURSING HOME OR TATE ISB COUN	OTHER INSTITUTION			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		7	21061	
7		Md. A.	A. Co.	Glen Bu	rnie		6652 Ro	berts	Ct.	-1,001	
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE		LAS	7	
Ĺ,	2	John	Dalt	tuva		Michal	ina	Didl	barzdi	İs	,
H		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17 INFORMANT OCE	an City	RESS Md	. 2181	+2	-
	"	NO NO	E WAR OR DATES	820 01	0249		skettler	408 Ba	altimo	re Av	76
		PART I. DE ATH WAS CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR	Haspicate RAS A CONSEQUEN RAS A CONSEQUEN RAS A CONSEQUEN	NCE OF	of ramita	arcinom	20	BETWEEN	MATE INTERVAL ONSET AND DEATH	1
	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CO</u>	NTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART I	3	
	CAT	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	
	TIF	2/18/83	Aden	ocarcine	ma		YES NO	YES		NO X	
	MEDICAL CERTIFICATION	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN.	iury in Item 18. Par	RT + OR PART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FAR	RM, ETC)	21f LOCATION STREET	CITY OR I	OWN	COUNTY	STATE	
		220. I certify that (I) (this haspi saw the deceased alive on above, (I) (we tidid) (did no		-1 1 0	3	nd that in (my (our) opinion				that (1) local loc	351
		Marcella	I for	melin	2 /	ATTENDING PHYSICIAN	MEDICAL ST. □ DIRECTOR □ PHYS	AFF ICIAN	2/2 DATE	SIGNED	
		Roenneb	/	d		Union M	Pemorial	Hosp	n'tal	,	
	23a. B	URIAL, CREMATION, REMOVAL	796 DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carbanpaps with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

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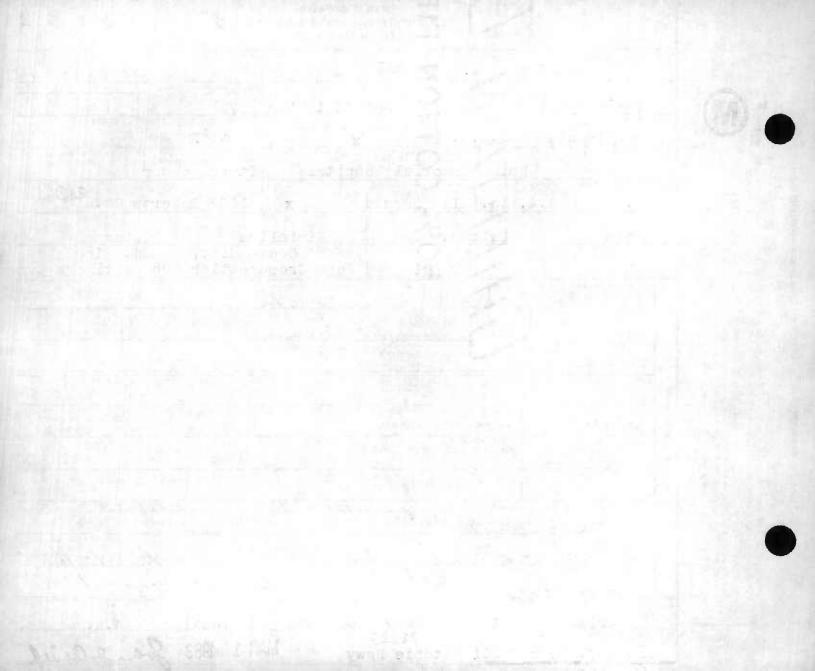
MPORTANT: If Item 21 is morked or the

injury, ar other troumatic e

Holy Cross Cem
ADDRESS 21225
Ritchie Hgwy Balto. Md. George J. Gonce 4001

DATE REC D. BY REGISTRAR 256 MAR 1 1000

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2		1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 0 4
			STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	104
			CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN 7 MONTH	DAY YEAR 7b. HOUR
5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(TYI	Edward	d Gallagher OF ESTI- DEATH MATED X 2	1 19 83 M
45	6494	3 SE		5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 24 HOUR 4:45
	(A)	1/1	ALE WhITE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 2	5 19 83 p M
- 3	IM)		RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	
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¥	O LED	10. C	TY OP TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
Y H	S F F A		Baltimore	2227 E. Pratt Street LABERER	*
5	OLD 3	USU/	AL RESIDENCE (IF IN NURSING HOME O TATE 138 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c, CITY OR TOWN 13d, INSIDE (ITY LIMITS? 13e, STREET ADDRESS	1/21231
. 21201	A H D H	1	PARYLAND	- BALTIMERE YES NO 1 2227 E. PRATT	J
BALTIMORE, MD.	8. GIVE PAGES 1, 2, AND 3 TO THE FORWITH FORM PM, 3. RETAIN PAGE 1. T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF WITH RECORDS, 201 V	IL F.	ATHER'S NAME	MIDDLE IS MOTHER'S MAIDEN NAME MIDDLE	LAST
ORE, MI	A A A B B B B B B B B B B B B B B B B B	1	VONN	T. GALLAGHER KATHERINE - 60	PRNY
TIM	ON IN IN	16a. \	VAS DECEASED EVER IN U.S. ARA ES. NO. OR UNKNOWN) (1F YES, GIVE	F WAR OR DATES)	- [-10
BAL	PAGIN		NO -	217-12-2444 VERONICA Thompson 3533 E	
HOUSE	N ITEM 18.0 ALONG WI SIT PERMIT. P HYGIENE, DIN		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	nly one cause per line far (a), (b), and (c).) ED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO 1	TEM 1 LONG PERMI GIENE, VAL.		4292 IMMEDIAT	ATE CAUSE (a) Arteriosclerotic Cardiovascular Disease (DUE TO, OR AS A CONSEQUENCE OF	
V. PREST	EAC STAN		Canditions, if ony, which		
A. P.	NIA NIA		gove rise to immediate cause (a) stating the under-		
201 J	EXAMINER EXAMINER RIAL - TRANS ID MENTAL H ION, OR REM		lying cause last.	(c)	THE DELI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	IE, WRITING THE WORD "PENDING" IN PENCIL IN TEM IS RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 9, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
0 4	PENDING" PENDING" PENDING" PEALTH AND L, CREMATIC	NO			
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10	FE BE		death resulted from: Natur	prol causes Accident , Suicide , Hamicide , Undetermined manner ,	
	A V B C C C C C C C C C C C C C C C C C C		ACTUAL A	TITLE (SPECIFY) DATE	0 6 07
	# S 를 된 #	1	SIGNATURE VELLU	M.D.ASSISTANT MEDICAL EXAMINER SIGNER	2-6-83
2	EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S NAME DE	ennis F. Smyth, M.D. ADDRESS III Penn Street	
· ·	AFTE BALL	73a.B		23b DATE 1234 NAME OF CEMETERY OF CREMATORY 123d LOCATION	
	BP	1	REMATION	2-8-83 GREENMOUNT BALTIMORE, COUNT	Mil
	DHMH - 17	24 F	UNERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR 25b R. STRAR'S SI	GNATUSE
()	VR A15 ME (5))	11	LLV+ZFILFR-	INC. ADDRESS 901 EASTERN AVE FEB 8 1983 John	y county
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. Payin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attend

BP.

	1.	FOR - STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAN OF HEALTH AND M RTIFICATE OF DE	ENTAL HYGIE	NE 8 5	0	3 /	3-6	
100		CEASED NAME LUCEL	E WILLE	GA	RDNER				YEAR YEAR	26 201.00am	
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B		Female	White	oril.03 1	900	82	YRS.	MONTHS DATS	HOURS MIN		
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edo		ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L. NURSING HO	ME OR OTHER INSTIT	TUTION I	20 USUAL OCCUPAT			F BUSINESS OR	
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injury, or other troumotic eve		PART I. DEATH WAS CAUSI 2 900 IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A C	NILE DEM	OF ENTIA					YEARS	
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Ne ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPER	ATION WAS PERFOR	MED	200 AUTOPSY? YES NO TO	IN CERTIF	WERE FINDIN		
em 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE			EAR 19	JRY OCCURRE	D (ENTER NATURE OF INA	DRY IN ITEM 18 P.	ART I OR PART 2)		
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	Tie. PLACE OF INJUI		211 LOCATION STREET	1	CITY OR TO	OWN	COUNTY	STATE	
ε s		220 I certify that this hosp	ital) attended the deceas	ed from 83	22	19 83	, to <u>2-2</u>		19 83	that K (we) lost	
21:		sow the decreased olive or obove, (No. = e d.d.) (a) a)	7		_, and that in (mx) (a	our) opinion de	oth occurred on the d	ote and hou	and from the	couses stated	
PORTANT: If Item 21 is morked or Item 18		Roter Sta	horms		PH	TENDING HYSICIAN	MEDICAL STA		22c. DAYE	2(8)	
MPORTA		PETER	578mas		7620	YORK RO	DAD TOWSON	MD 21	204		

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL SPECIFY)

Burial
24 FUNERAL DIRECTOR William E. Johnson 8521 Loch Raven Blvd.FEB

23b DATE

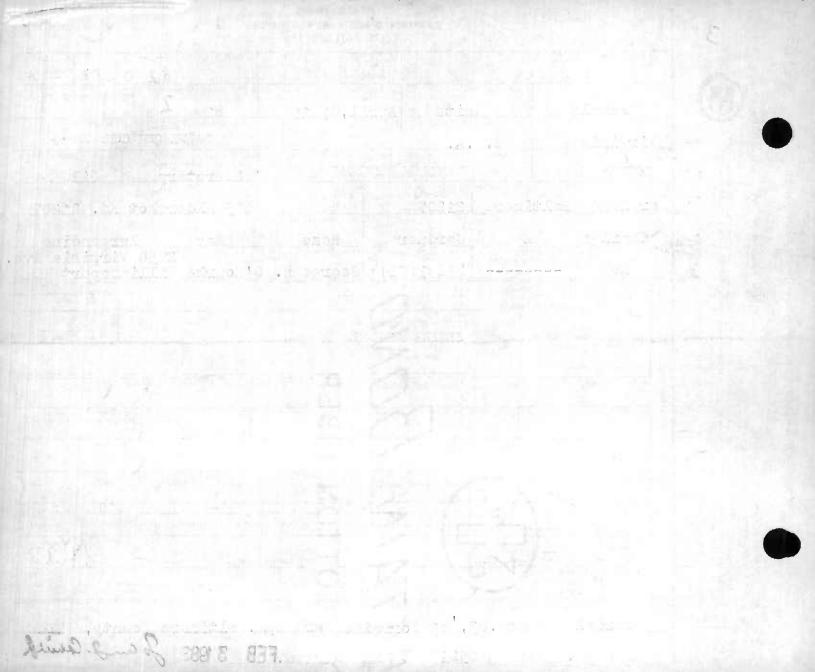
231 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN

Baltimore
EC'D. BY REGISTRAR 25b COUNTY

STATE

3 1983



- STATE

REGISTRAR

DECEASED NAME

LAST Mrs. Bennie Goodman 900 Markhanna Street Douglas, Ga . BETWEEN ONSET AND DEATH Cerebral Infarct (Cerebral Vascular Accident) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (MX (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED c/o Maryland General Hospital Douglas, STATE Fletcher Cemetery Georgia 2-18-83 Burial 25a. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Wm C. March Funeral Home 11070 E. North Ave. FFB16 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH

2b. HOUR

12h KIND OF BUSINESS OR

4:50A

IF UNDER 24 HRS

1983

IF UNDER LYEAR

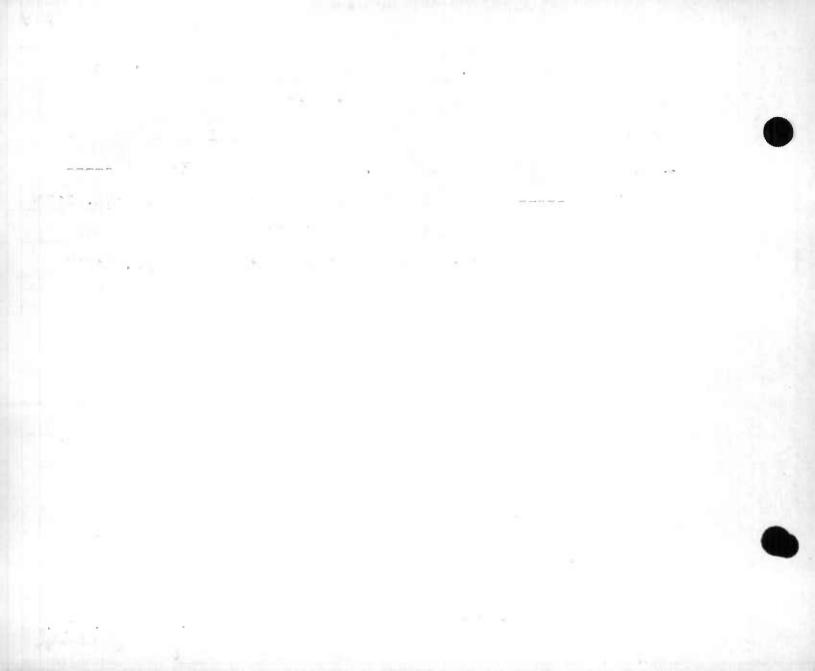
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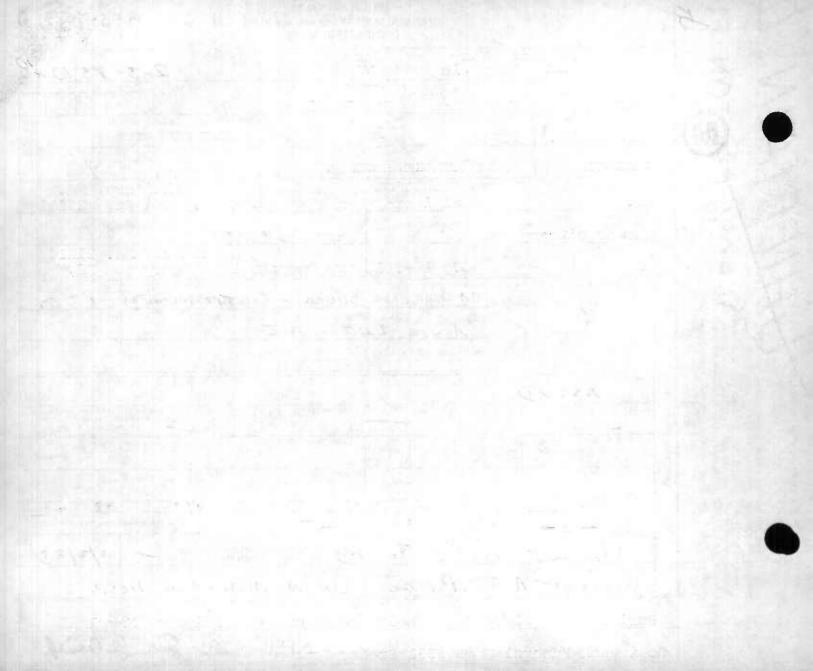
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STATE OF MARYLAND

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Burial 3/1/1913 Steer Lawn Largens Scaringer, Maryland L. Sightermint 2007 Survey Large 21231 Shield 2007





HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

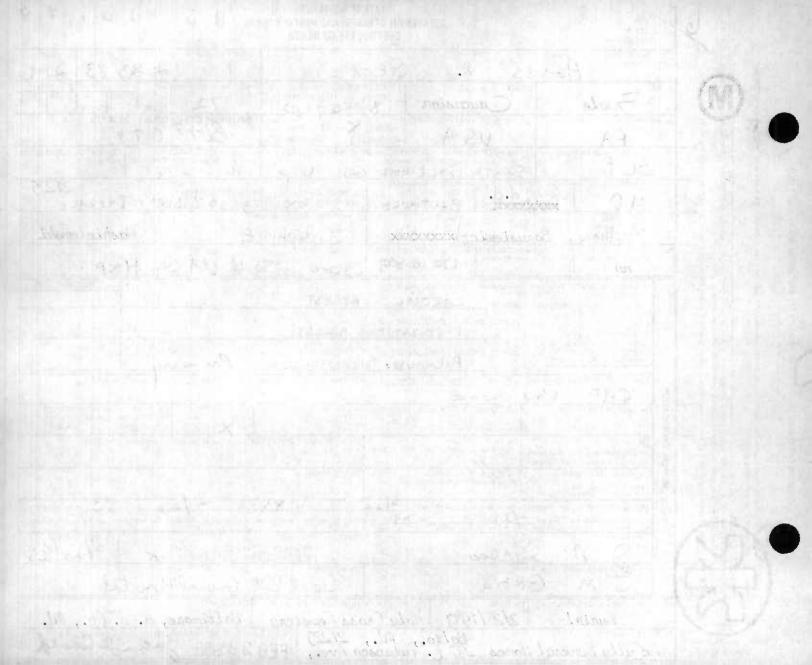
CERTIFICATE OF DEATH

FEB 1 0 1983

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- 1	NECESSA FUNERAL 5 FOR Y WITHIN W. PREST		Vew Yor		U.S.A		WIDOW				altimo	re Ci	ty	MD.
	PAGE PAGE	10.0	ITY OR TOWN C	OF DEATH		SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUT	TION 120	FOR MOST OF	CUPATION (T		17b. KIND OF BU OR INDUST	RYatio
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	URS AF WITH WITH TI. PAG		18. CAUSE OF	DEATH (Enter on	ly ane cause per line	for (a), (b), and (c).)							APPROXIMAT BETWEEN ONSE	E INTERVAL
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	A HOUSE		ACTUAL SIGNATURE_	9//	Ma		м	D. Assi	stant	MEDICAL EX	AMINER	DATE	ED 2/24/	83
	DEA STATE	2		"										
	TO MEDICAL EXAMI PAGE A SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH		EXAMINER'S N	HO HO	rmez R. G	Guard, M.D.		ADDRESS	111	Penn S	t., Ba	lto.,	Md. 212	01
	DA A DA A	23 a. E	URIAL, CREMAT		DATE /OR /OR	23t. NAME OF CE	METERY O	CREMATO	DRY 2	3d. LOCATIO	N	COL	UNTY5	TATE
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///	DHMH - 17	24 8	UNERAL DIRECT		rnes	21018		2	FEB			GISTRAR'S	SIGNATURE	0 :
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X		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
page 3		CEASED NAME FIRST MARIE	MIDDLE C	GETTIER		2 -11.83 26 HOUR
rs after d	3. SE		CAUCASIAN	S. DATE OF BIRTH 1425	6. AGE (IN YEARS LAST BIRT	YRS.
a Soldin	Lore	RTHPLACE (STATE OR FOREIGN 7 FOUNTBY) A. Md	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH
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a william		ATHER'S NAME On FIRST TERRITE	ANDOLE THOMAS	15. MOTHER'S MAIDEN NA ELIZABET	MIDDLE	SCH MINCHE
Poges 1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 2/8-18-	IRITY NO. 17. INFORMANT	ADDRE	live St.Balto.Md.
that the death certified by the attending please remove corbonical, cremation, ar remore or or other traumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENCE OF EMBOLUS	REST Aspira	tion !
low requires is been signe ermit. Then pl e prior to buri s ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERA	VINAL DISEASE OR CONE	200. IF YES, WERE FINDINGS USED IN CERNEYING CAUSES OF DEATH?
SKIAN: The tig physicion. certificate ho rial-transit pr ental Hygien frem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	NI /A	AY YEAR	YES NO C	YES NO NO Y IN ITEM 18 PART 1 OR PART 2)
offending ter this ce s the buria ond Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK AT WORK	210. PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY STATE
ctors at for use of Health		22a. certify that (I) (this haspite saw the deceased alive on		Undetermin	to, to the do	te and hour and from the causes stated
y the har RAL DIRE detached ofe Dept.		Ley W. Ca	quay A. M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO FUNERAL should be det with the Stote		ROY CRAG	WAY JR. M.		OTH HAND	VER ST.
BP 603		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Lto. National Cemt.	23d. LOCATION CITY OR TOWN CITY OR TOWN	
MH - 16 50M 4/82		UNERAL DIRECTOR	ame 130 & FORT			REGISTRAR'S SIGNATURE

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	1 -	FOR STATE REGISTRAR			ENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. N		3 /	9 6	
		CEASED NAME FIRST Nargo		IDDLE	Gey	er er		seb. 13		YEAR	26. HOUR 2 A. N	
)	1 SEX	Female	4. RACE White	6	5. DATE O	_DAY _YEAR	6	GE (IN YEARS LAST BIR	YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
5	Bo	RTHPLACE (STATE OR FOREIGN COUNTRY) 21 to., Md.	U. S.	A •	WIDOWE			Baltin			MC	
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5	13a S	AL RESIDENCE (IF NURSING HOME) STATE Md. 13b. CC		BOLL TIME		13d. INSIDE CITY LIMIT YES MO		STREET ADDRESS	21224 Potoma		reet	
C	14. FA	Emanuel	MIDDLE	Smith	Ė	15. MOTHER'S MAIDER	heri	ne		Ortel	π	
1		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	212-01-		17 INFORMANT BO	alto nry	MdADDR	29224. r-116	N. P	St. otomac	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAIL + 275 IMMED Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE OF				207 -		BETWEEN	imate interval Onset and Death	
	TION	PART 2 OTHER SIGNIFICAN	Mockey	Res - A	100	h, rel to	m -					
7	CERTIFICATION	190. DATE OF OPERATION		196. CONDITION FOR WHICH PERATION Y AS PERFORMED				00 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES	OF DEATH?	
7	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	1. MONTH DA' 1.	MONTH DAY YEAR			RRED (ENTER NATURE OF INJURY IN ITEM 1B. PART 1 OR PART 2)				
	MED	WHILE NOT WHILE AT WORK	21e, PLACE C (AT HOME, STRE		AURY ACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TOWN COUNTY				
		22a. I certify that (I) this has a band of the decreased about (I) (No.) (Add) (die	1 2- G			d that in (my) (our) opi	inion deat	to	ote and hour a			
		heodo	re DU	Lymh	d	ATTENDIN PHYSICIA		EDICAL STA		22c. DATE	SIGNED	
		22d PHYSICIAN'S NAME (TY	12-NI	K		4290	The.	Ter &	2	123	1	

DHMH - 16 50M 4/B2

(VRA 15, 4)

BP.

24. FUNERAL DIRECTOR

23b. DATE 2/16/83 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 3000 E Baltimore St. - Baltomore, Md. 21228

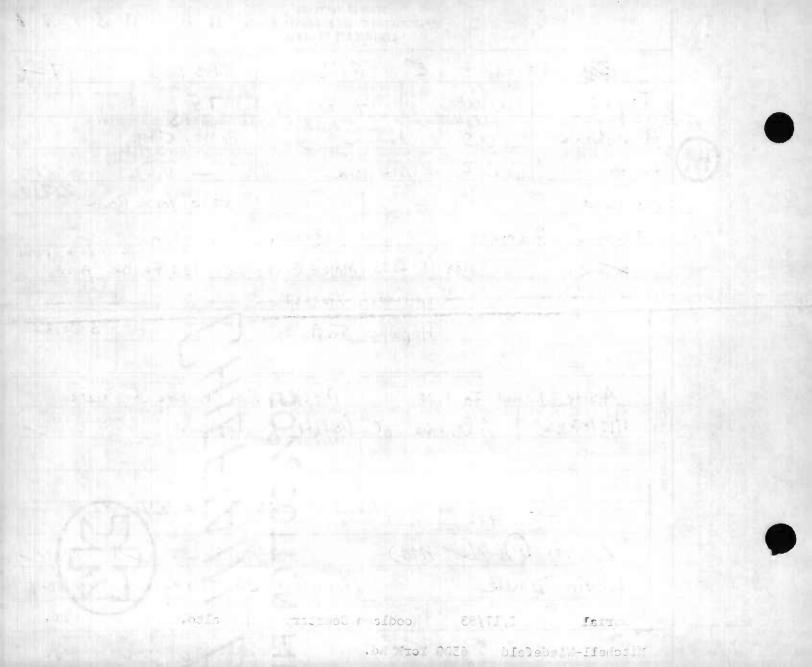
23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

Baltimore, Maryland State

141983

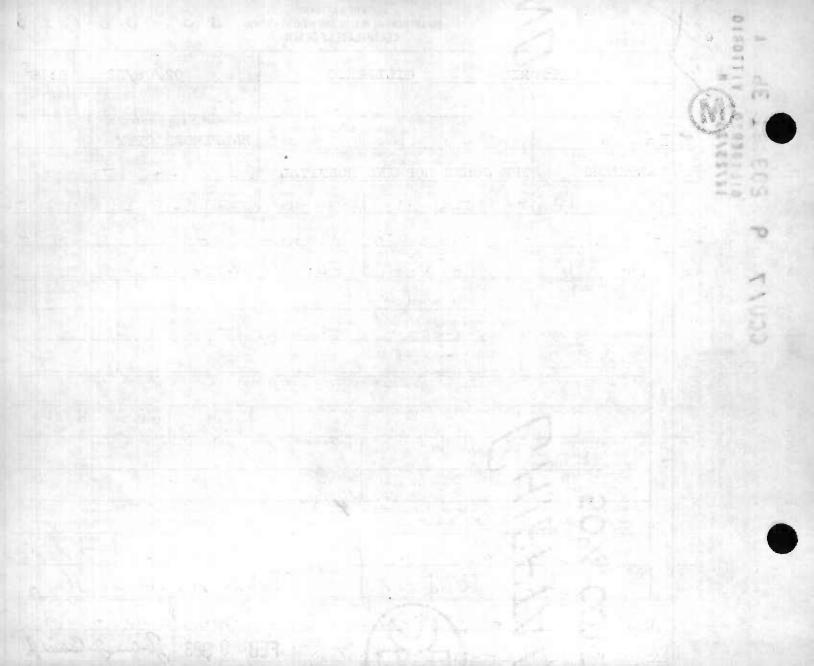
1 to the common . A dil er le Smonuel Miss District of the second of the second of the second Superfection - The 2/2/5/9 PAISAGE One Land to the till old, Manyland

1	1	FOR - STATE REGISTRAR	D	EPARTMENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	03797
noy be page 3	[TYP		argainet 11 miles	E	Gilboyne	20. DATE OF DEATH MON 2/13/83	3 750m
oge 4 m	3 SE	Female	white	MON	OF BIRTH TH DAY YEAR 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	6. AGE IN YEARS LAST BIRTHDAY	FUNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
P control of	F. B	RTHPLACE (STATE OR FOREIGN PUNITY)	76. CITIZEN OF WHAT CO	MARRI WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
3 (M)	1	Salto.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, O	F Mary	land	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR
AND 215	150	AL RESIDENCE (IF MURSING HOME OF STATE 136 COU!	NTY 13c CITY	OR TOWN	134 INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS YOU	K Road 21212
MARYL ond 235		Thomas B	arrett	LAST	15 MOTHER'S MAIDEN NAM Bessie	Mason	
be executor and control of s. Pages		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GR	VE WAR OR DATES	12-6633	MARK GILBO	ADDRESS YNE 732 F	Glendale 91204 AYDR, CALIF.
ST., BAL g physici on paper removal. event, th.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for BY: TE CAUSE (o)	espirator	y Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cert ed by the attending please remove carbor urial, cremation, ar rer , or other traumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	Hepatic	Failure		3 weeks
		underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT		T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir othending physician. After this certificate been sig os the buriof-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	enal Failu 196. CONDITION FOR	WHICH OPERATIO	Plee MOTO	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
OF VITAL CLAN: The physician ritrificate half-transit part Hygier and 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	YES NO P	YES NO TEM 18 PART 1 OR PART 2)
IVISION OF IG PHYSKCIA otherading pl fer this certif is the buriel-t road Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	(Y, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIA hospital or RECTOR: Af- sed for use o ipt. of Health em. 21 is mon		220. I certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did no	4/13	19 83	and that in (my) (our) apinion o	to	nd hour and from the couses stated
TAL OI y the SAL DI detach detach onte De		22h. SIGNATURE	Doyle	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 2/13/8-3
TO HOSPITA retained by TO FUNERA should be dewith the State MPORTANT		Kevin D	OY le			of Mary 1	and Hospital
BP		BURIAL, CREMATION, REMOVAL SPECIFY, Burial	23b. DATE 2/17/83		vn Cemetery	23d LOCATION Balto.	COUNTY Md STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	UNERAL DIRECTOR Mitchell-Wiede	feld 6500	York Rd		2 3 1983	REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND



W	Ľ	FOR STATE REGISTRAR		RTMENT OF F	E OF MARYLAND SEALTH AND MENTAL HYO ICATE OF DEATH	REG. N	NO 430877
be 3	(TYP	CEASED NAME FIRST			1LL	20 DATE OF DEATH	2 - 16-83 111 A
Page 4 may	3 SE	//\	1 RACE BLACK	5. DATE (- 17- 29	6 AGE (IN YEARS LAST BI	
deoth. P	21	COUNTRY) N. Carolina	16. CITIZEN OF WHAT COUNTR	WIDOWE	DIVORCED	9 BALTIMORE CITY OF	OR COUNTY OF DEATH
by the filed with		SALT.	11, NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STRI	EET ADDRESS)	SINAT	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
n 24 hou filled in hould be	13a. N	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland	OTHER INSTITUTION GIVE RESIDENCE BEF 134 CITY OR TO Baltin	NWC	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3422 Roy	ce Avenue 21215
pletely nd 2 s	14 F	ATHER'S NAME William	M. Gill		15. MOTHER'S MAIDEN NA	ME	
e e	160	WIIIIAM WAS DECEASED EVER IN U.S. AR/		CLIRITY NO	Alberta	ADDR	Allen
ficate be executably sistent and coppers. Pages novol.	7		F WAR OR DATES!				Royce Avenue
quires that the death cert signed by the attending. hen please remove corbor to bunal, cremation, or retiruly, or other traumatic expensive, or other traumatic expensives.	z	Conditions, if any, which gove rise to immediate cause (o), storing the underlying cause last	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) ONDITIONS CONTRIBUTING TO	DUENCE OF	ASCVD		THIM A
been mit. I prior	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHIC	TH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
G PHYSICIAN: The is ottending physicion. er this certificate hos the burief-transit per and Mental Hygiène ked or Item 18 shaws	MEDICAL CER	2]q. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
	MED	21d IN JURY OCCURRED WHILE OF WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
OR ATTENDIN the hospital or of DIRECTOR: Aft sched for use as Dept of Health if frem 21 is man	3	22a I certify that (1) (this haspit saw the deceased alive an about 1 id not	al) attended the deceased from	83.01		death occurred on the d	ote and hour and from the causes stated
ITAL by the ERAL Stote		22d. PHYSTCIAN'S NAME (TYPE OF	e a. frell	SM, I	ATTENDING PHYSICIAN [MEDICAL STAI	
TO HOSPITAL TO FUNERAL should be de- with the Sfort	15	PATRICIA	A. SWELLO)	SIN A	H HOS A1	TAL
0 # 5 # ¥ ¥	-						
BP		BURIAL CREMATION, REMOVAL			eteran Cem.	23d. LOCATION CITY OR TOWN	sville Md.



MPORTANT: If Item 21 is morked or Item 18 shows ony injury. or other troumotic event, the medico

STATE OF MARYLAND

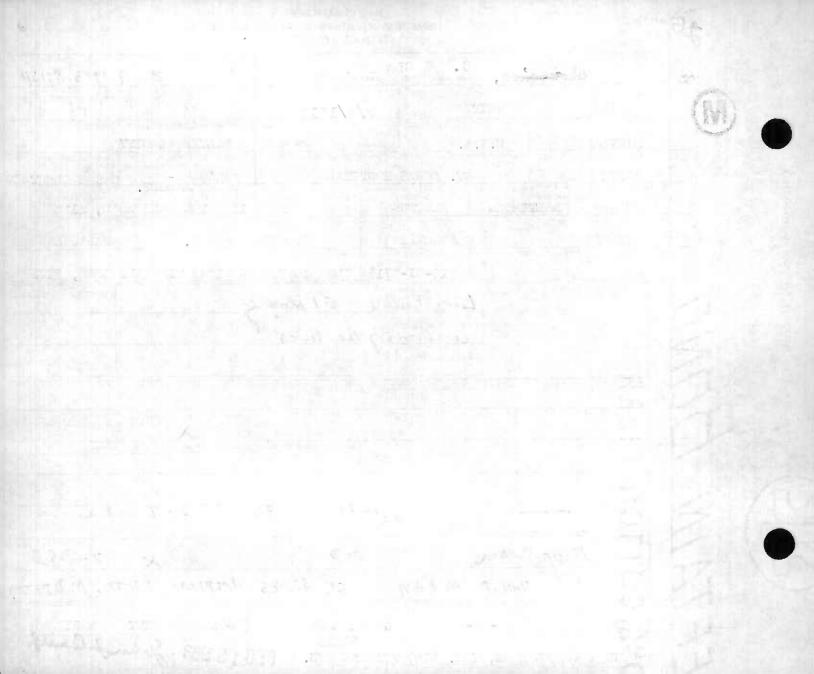
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

		REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	10			
			_ FBSI_		MIDOLE		AST		20 DATE OF DEATH	MONTH	OAY	YEAR	2b HOUR
	[IYPE	E OR PRINT)	LDONA	1	CELIA	GLA	VECKAS			2	9	1983	8:150.
	3. SE.			4 RACE	(15)	5. DATE C			6 AGE (IN YEARS LAST BE	RTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
		FEMALE		WHIT	E	02		17	66	YRS.	MONTH	5 DAYS	HOURS MIN.
		RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8			9 BALTIMORE CITY		YOF	EATH	
2		MARYLAND		U.S.	Α.	WIDOWE	D NEVER	NORCED	BALTIMO	RE CI	TY		MD.
	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF		RSING HOME C			120. USUAL OCCUPAT	ION	12		F BUSINESS OR
0		BALTIMORE	1			ES HOSE	ITAL		MANAGER	DF WORKING I			ELECTRIC
-	130.5	AL RESIDENCE IF NURS	ING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BE		13d. INSIDE C	TIV LIMATES	PAYROLL 13e. STREET ADDRESS	DEPT.	8.32	NO CC	HILIOTICE
5	M	ARYLAND		IMORE	ARBU		YES [NO X	1242 TEN	OAKS I	ROAI). 21	227
	14 FA	ATHER'S NAME		MIDDLE	LAST	No.ET	15. MOTHER	S MAIDEN NA					
)	PIUSAS			GLAVECK	AS		SALOMIA			I	DENAU	SKAS
		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMA	ANT	ADDR	ESS			
S		NO			214-0	1-2716	OLGA	GLAVECK	AS 1242 T	EN OA	KS I	ROAD,	21227
		18 CAUSE OF DEATH	H Enter of	nly one couse per	line for (a), (b)	and (c)		10				APPROXIA BETWEEN O	MATE INTERVAL
		PARTI. DEATH W		TE CAUSE (o)	iver t	ailure	; 67/	bleedy	is				
		5715		DUE TO, O	R AS A CONSE	OUENCE OF	1		8				
		Conditions, if ony,		(b)	anho	To vice	the le	uer					
	gove rise to immediate couse (a), stating the underlying cause lost.												
		underlying couse lost.											
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									IVEN IN	PART 110	- 575
\dashv	CERTIFICATION	190 DATE OF OPERAT	ION	19h CONDI	TION SOR WH	ICH OPERATIO	PALED	20a AUTOPSY?	Tank IF VI	C VA/EE	OF CIVIDAN	00.110.00	
7	FIC	DATE OF OPERA	1014	176 CONDI	ITION FOR WH	IN CERTIFYING CAUSES OF DEATH?							
귀	ERT	21g. ACCIDENT WAS UND	ERLYING [7 21b. TIME O	FINIURY		21r HOW IN	HURY OCCUPE	YES NO		ES	D D a DY (2)	NO 🗌
7		OR CONTRIBUTING	AUSE OF DE	HOUR A.	M. MONTH			JONI OCCOM	(ENTERNATURE OF INJU	INT IN ITEM 18	PARTIO	RPARIZ)	
	MEDICAL	214 INJURY OCCURR		21e PLACE (19	211. LOCATE	ON					
	ME	WHILE NOT WH	ILE 🗌	(AT HOME STR	EET, FACTORY OFFI	CE, FARM ETC)	STREET		CITY OR TO	NWO	C	VINUO	STATE
9		220.1 certify that (I)		tal- ottended the	e deceased fro	m /-	3/	10 82	3 10 2	-9	10 8	23 .	hot (I) (we) lost
		sow the deceose	d olive on	2	-9	0.0	d that in (my)	(our) opinion o	deoth occurred on the d	ote and ha	urond		
		obove, (I) (we) (d 22b. SIGNATURE	A PARTY NA	w view the body	offer deoth.		DEGREE			-		2c DATE S	
		Ph	ilip/	Maam				ATTENDING PHYSICIAN	MEDICAL STA	FF		2-0	7-83
		22d. PHYSICIAN'S NA	ME TYPE C	OR PRINT)			22e ADDRES		. 1				2
		3		THILIP	M 24	HM	ST.	AGNES	HOSPITAL	, RA	LTC	1) W	D21229
	23a B	SURIAL, CREMATION,	REMOVAL	23b DATE	2	30 NAME OF C	EMETERY OR	CREMATORY	23d LOCATION				
		BURIAL		02-12	-83	LOUI	ON PAR	K	BALTIMOR	E CIT	Y	MAR	YLAND
		UNERAL DIRECTOR			ADDRES		21229	250 DATE	4000	25b 11 G IS	TRAR'S	SOUN (T	Bulk
	H	UBBARD FUN	ERAL	HOME, I			ENS AVI	. FE	B 15 1983	0	~~	1	

DHMH - 16 50M 1/81 (VRA 15, 4)

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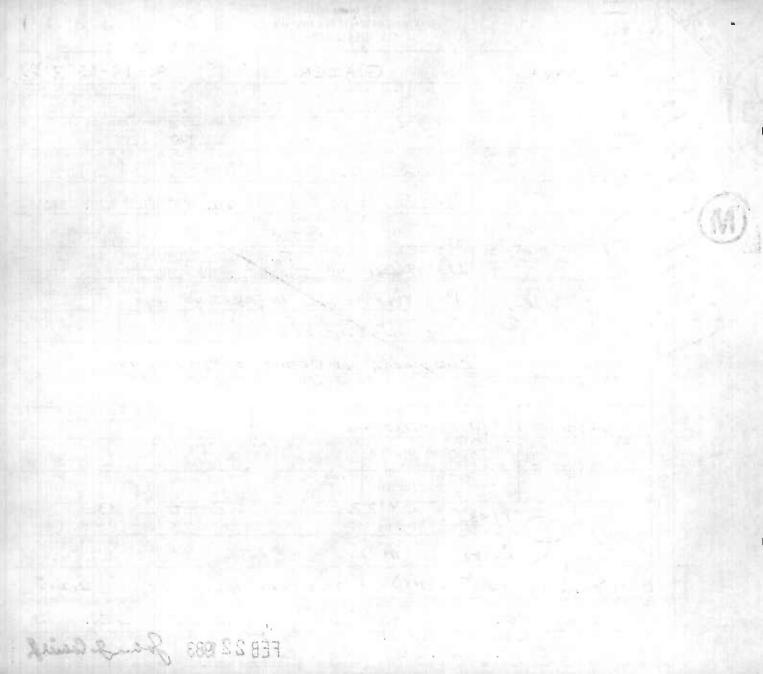


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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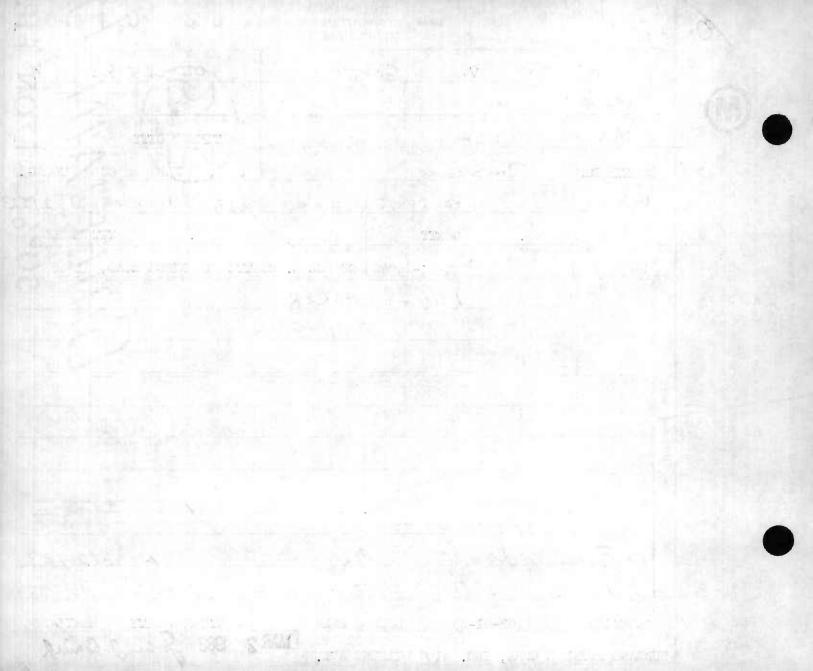
Henry W. Jenkins & Sons Co. Balto . Md

(VRA 15, 4)

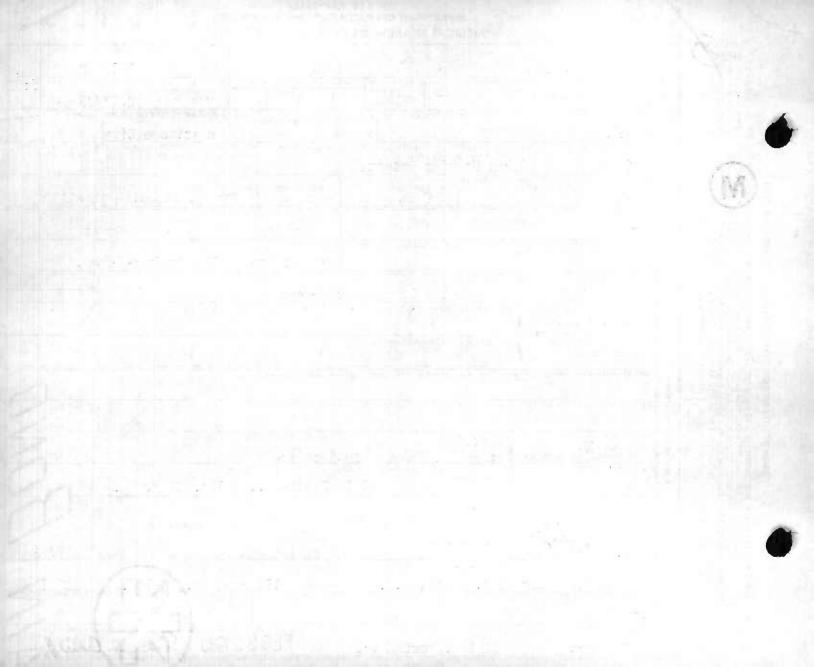
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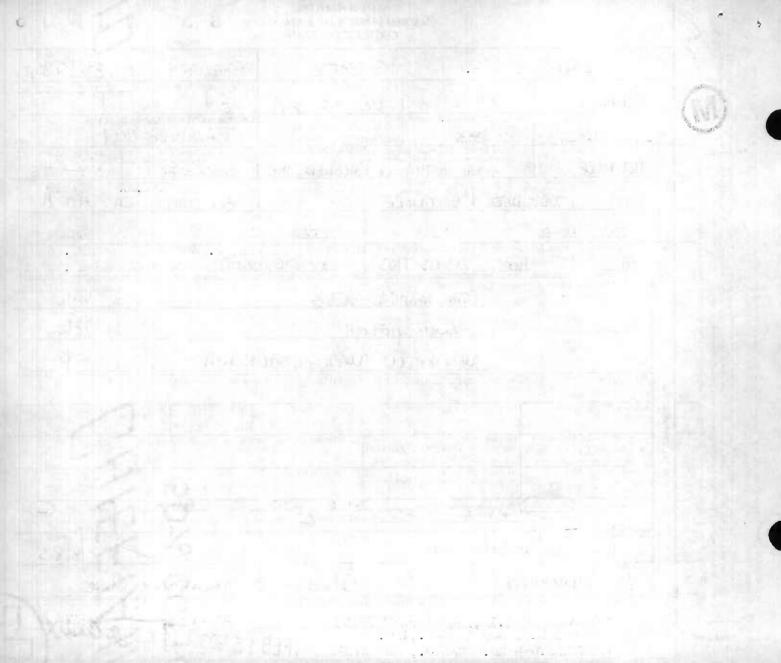
STATE OF MARYLAND

FOR



11 1	- S	OR TATE EGISTRAR				MENT OF	HEALTH	ARYLANI AND ME ERTIFIC	NTALHY		S	Q . NO.	380) 5
7)		EASED NAME	FIRST		WIDDLE			LAST		?a. D	ATE KNOWN	THOM TY I	DAY YEAR	2b. HOUR
LES. CASE			James		W.			ines			OF ESTI-	□ 2/1	7/8319	M
RY, PLE DIRECT OUR FI ON STR	3 SEX Ma	le	Black	5. DATE OF BIRTH MONTH DAY 8 2	YEAR 57				HOURS	MIN. PROI	DATE NOUNCED DEAD	2/1	7/83 19	5:02° A M
I'IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. OI W. PRESTON STREET	Jer BIR FOR	THPLACE (STA EIGH COUNTRY) Md.	TE OR	76. CITIZEN OF WI	HAT COUN	ITRY?	8. MARR	ED NEV	ER MARRIE DIVORCEI	DE	altimore cut	_	Y OF DEATH	MD.
VY IS TO WEEK SOIN		or town o		TT. NAME OF HOS (IF NOT IN SUCH FA Johns Ho	CILITY, GIVES			ER INSTITUTI	ION		OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	126 KIND OF E OR INDUS	
11201 M)	USUAI 130 ST		13b COUN	OR OTHER INSTITUTION, G	13c. CITY	BEFORE ADMISS	ION)	13d. INSIDE CIT	Y LIMITS?	TJe. STREET A	DDRESS N. Ais	auith	St 212	202
	4	THER'S NAME		MIDDLE		LASY		TS. MOTHER	R'S MAIDEN Chara		MIDDLE		avis	
BALTIMORE, MD. RES AFTER DEATH. S. GIVE PAGES 1, 2. WITH FORM PM 3. I. PAGES 1 AND 2. DIVISION OF WITH	(YES	AS DECEASED 5, NO, OR UNKNOW NO	EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURI	Y NO.	17. INFORM.		ng 33:	ADDR	RESS		
ITAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUS RD. "PENDING" IN PENCIL IN ITEM 18. THEF MEDICAL EXAMINER ALONG W. DSED AS A BURIAL TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DIRIAL, CREMATION, OR REMOVAL.		PARTIDEA Conditions gove rise cause (p) s' lying cause	IMMEDIA if pny, which to immediate tating the under-	TE CAUSE (a) DUE TO, OR	Multi as a con as a con	ple gu	OF OF	t woun		T 101			BETWEENON	SET AND DEATH
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ZAAAE	MEDIC	214 INJURY OC WHILE AT WORK	NOT WHILE AT WORK	21e PLACE	OF INJURY TORY, FARM, E	(AT HOME, TC.)	21f LO	Flee			o. City	y, Md.	OUNTY	STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death resulted ACTUAL SIGNATURE EXAMINER'S N	from: Note	rol cruses .	Accident	, s	icide 🗌	, Hamicio	de X ECIFY) istan	Undetermin	ed manner	DATI SIGN	ENED 2/17/	
TO M EXECT PAGE TO FL BALTE	73a BU	TYPE OR PRINT	ON, REMOVAL	lormez R.				R CREMATO		23d. LOCATI	ON		Md 2120	STATE
BP		Burial Neral Direct	08	2/21/83	K	ing Me	m. Pk		S. DATE DE	Balt C'D. BY REG	timore,	Md.	SIGNATURE	DIAIE
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15.	y d	1.	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MAR HEALTH AN HICATE O	D MENTAL HYGI	IENE 8 3	0	3 8	0 7
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oe execul	Poges 1		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN! (IF YES, G) WII - ARMY	RMED FORCES?	166 SOCIAL SECTION 169-45-1		MRS.		RDON 2429			209) MATE INTERVAL DISSET AND DEATH
requires that the death c	sen signed by the ottendir 1. Then please remove cark or to buriol, cremation, or y injury, or other traumotic	NOIT	Conditions, if ony, which gave rise to immediate cause (a), stafing the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, (c)_ CONDITIONS C		ENCE OF					N IN PART 110	
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OR ATTENDING PHYSICIAN The lo	DIRECTOR. After this certifica inched for use as the buriol-troi Dept. of Heolth and Mental Hy Hem 21 is marked or Item 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AI WORK 22a. I certify that (1) (this task saw the deceosed alive a above, (1) (with (1)) (did in 22b. SIGNATURE	21e PLACE (AT HOME, S	11 198	FARM, ETC)	211 LOC/ 51	ATION 19 18 my) (cour) opinion o	CITY OR TO	own , 1 ate and hour	county and from the c	
TO HOSPITAL	TO FUNERAL should be dete with the Stote IMPORTANT: H		22d. PHYSICIAN'S NAME (117PE ABRAHA) BURIAL, CREMATION, REMOVA	L 23b. DATE	15,1983	MAME OF C	22e ADD 7.52	PHYSICIAN Z	PERECTOR PHYSIC	BUCKS	CO. PE), 1/20) ENNA STATE
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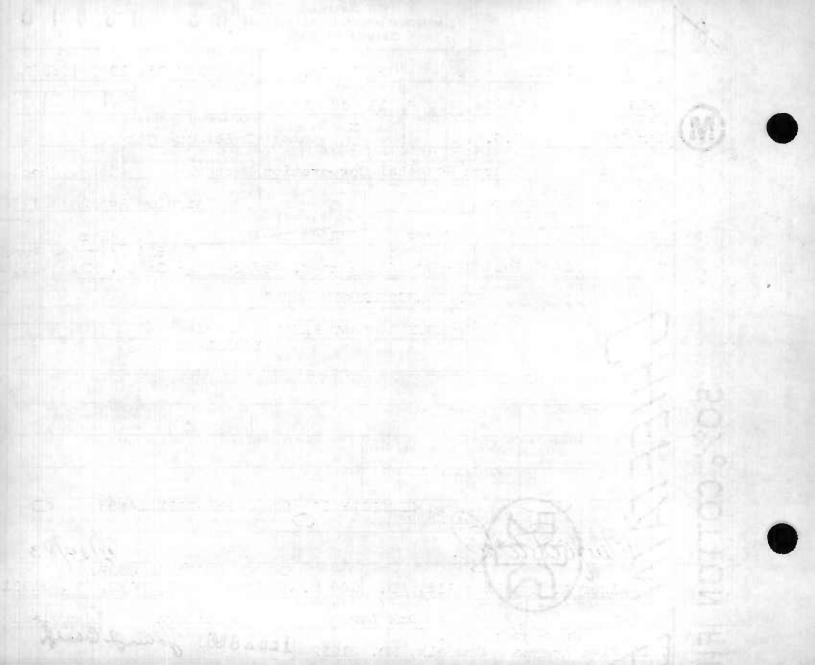
	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE O O U	3 0 U
	1. DI	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
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n. nos beer permit. ne prior	18	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED
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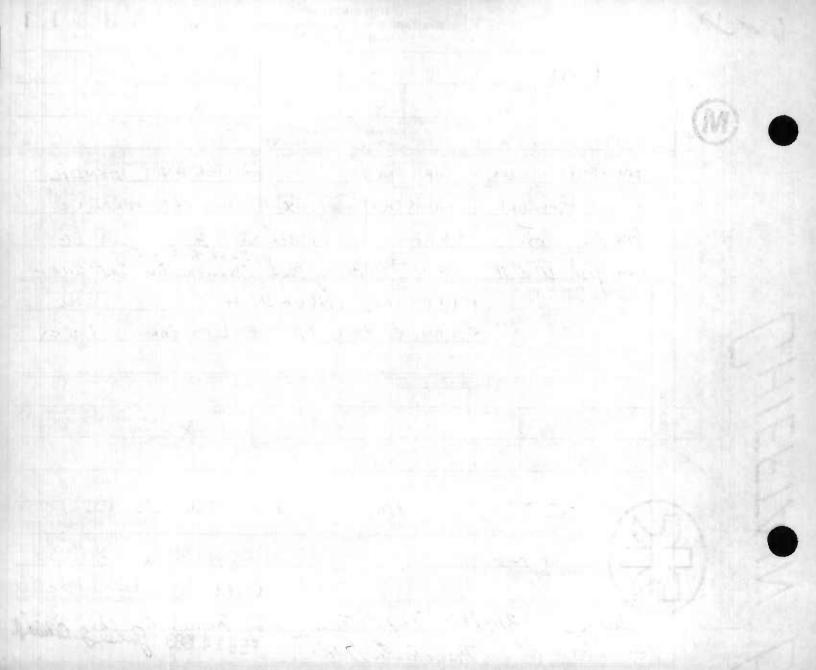
Dundalk, MD. 21222

7922 Wise Avenue

(VRA 15, 4)



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de of h. Poge		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA WIDOWED [9. BALTIMORE CITY OR	COUNTY OF DEATH
and the same		BALTI MORE	11. NAME OF HOSPITAL, NURSING HOME OR C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNIV. OF, MD.	OTHER INSTITUTION	120. USUAL OCCUPATION ACCOUNTAGE	WORKING LIFE INDUSTRY
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es that the death certificate ted by the attending physic please remove carbon pape rial, cremation, or remaval , or ather traumatic event, it		PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) SQ UHTMOUS DUE TO, OR AS A CONSEQUENCE OF (c)		OF LGFT E	AR 1 year
he low require on. has been sign permit. Then ene prior to b ows any injury	CERTIFICATION	19a Date of Operation	CONDITIONS CONTRIBUTING TO DEATH BUT NO	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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TO HOSPITAL OR retained by the high retained by the high red of the high red of the high retained by the high retained by with the State Dep with the State Dep with the State Dep high retained by the high red of the high r		22d. PHYSICIAN'S NAME (TYPE	, ~~	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICI	1 117/03



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 50M 1/81 (VRA 15, 4)

NAME

FOR

STATE

REGISTRAR

1328 Sulphur Spring Ambrose Juneral Home

THE RESERVE OF THE PROPERTY OF THE PARTY OF STATES OF STREET STREET Elegan Signas Company in the Company of the Company

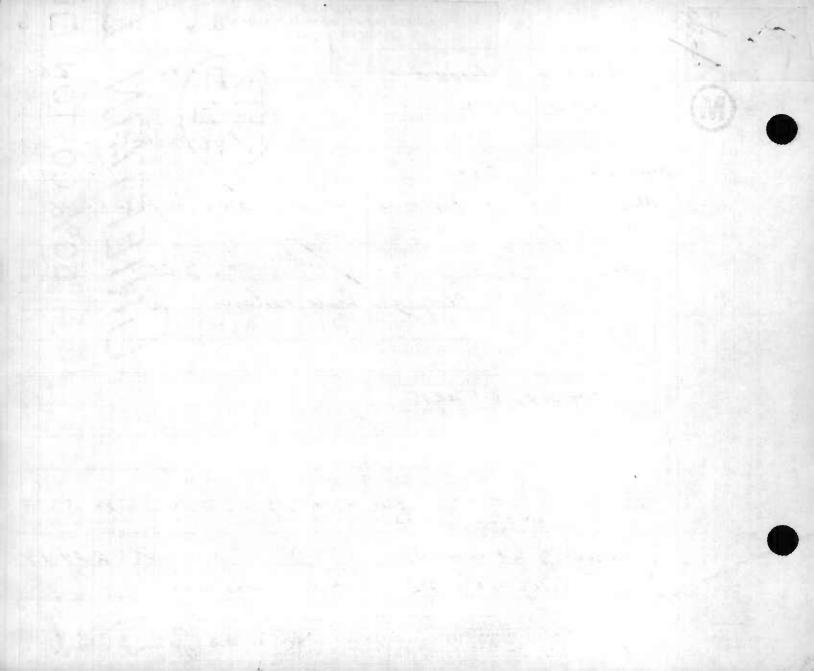
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH DAY YEAR FIRST (TYPE OR PRINT) 1983 06:05AM 09 FEBRUARY GRAHAM MATTI DA 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 4. RACE YEAR 30 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED TEVER MARRIED COUNTRY) DIVORCED WIDOWED BALTIMORE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY NURSE JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 21221 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTE ESSEX HOLLY BEACH 2614 NO IZ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST OFF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) GRAHAM BOUE CHARLES 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DIVISION OF VITAL RECORDS, 201 W. PRESONST LEASED ON APPROVAT BY DUE TO, OR AS A GONSEQUENCE OF WEEK Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 206. IF YES, WERE FINDINGS USED THE DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS IN CERTIFYING CAUSES OF DEATH? burial-transit peri XOMINAL FORTIL ANEURYSM YES [716 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ferm PM 19 EIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 50 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a. | certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated obave (Ir (wer (did) did not) view the bady after death DIREC 22b. SIGNATURE 22c. DAJE SIGNED DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN FUNERAL PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TYPE OR PRINT 22e. ADDRESS JOHNS MOPKINS ld b 1105P 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY 2/12/83 14044 REDEEMER BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAP 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 J.B. CONNELLY 300 MACE (VRA 15, 4)

\$1. Act . CONTRACTOR OF THE SECOND

8728 Liberty Rd., Randallstown, MD

- STATE

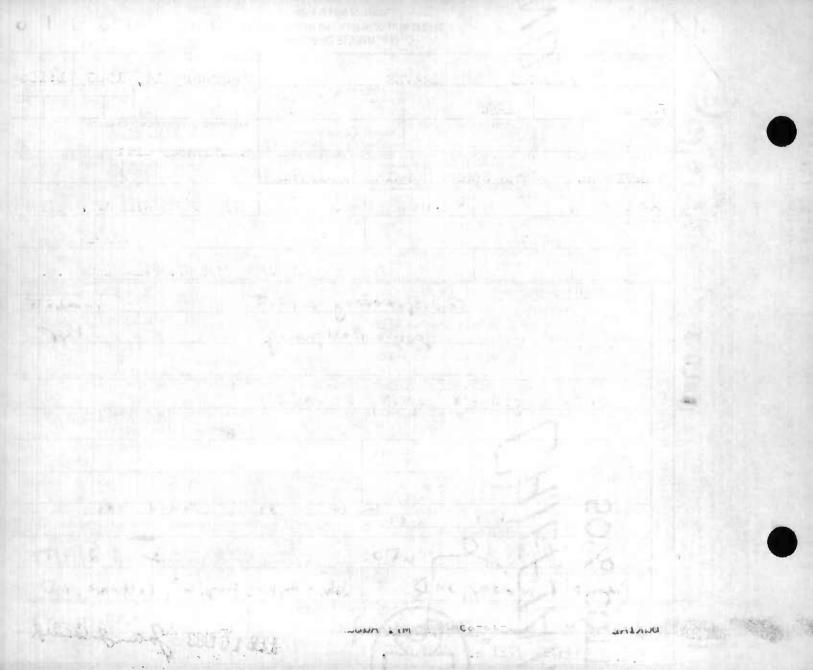
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici

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Burgee Funeral Home, 3631 Falls Rd. Balto. Md

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS,

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executed within 24 hours after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MEDIC	220.1 certify that (1) (this has saw the deceased live a	2-10-	19 83 , or	DEGREE ATT	er) apinian d	MEDICAL STAFF		22c. DAT	e couses state
MEDIC	220.1 certify that (1) (this has saw the deceased live a above (1) we) (did) did r	and 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	19 83 , or	DEGREE ATTI	ur) apinian d	MEDICAL STAFF		22c. DAT	e couses state
MEDIC	22a. I certify that (1) (this has saw the deceased live a above (1) we) (did) did r	on 2 - 10 - not) view the bady ofter d	19 83, or	DEGREE ATTI PH 22e ADDRESS	ending	MEDICAL STAF	AN X	22t. DAT	e couses state
MEDIC	220.1 certify that (1) (this has saw the deceased live a above (1) we) (did) did r	and 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	19 83, or	DEGREE ATTI	ending	MEDICAL STAFF	AN X	22c. DAT	e couses state

DHMH - 16 50M 4/82

BP.

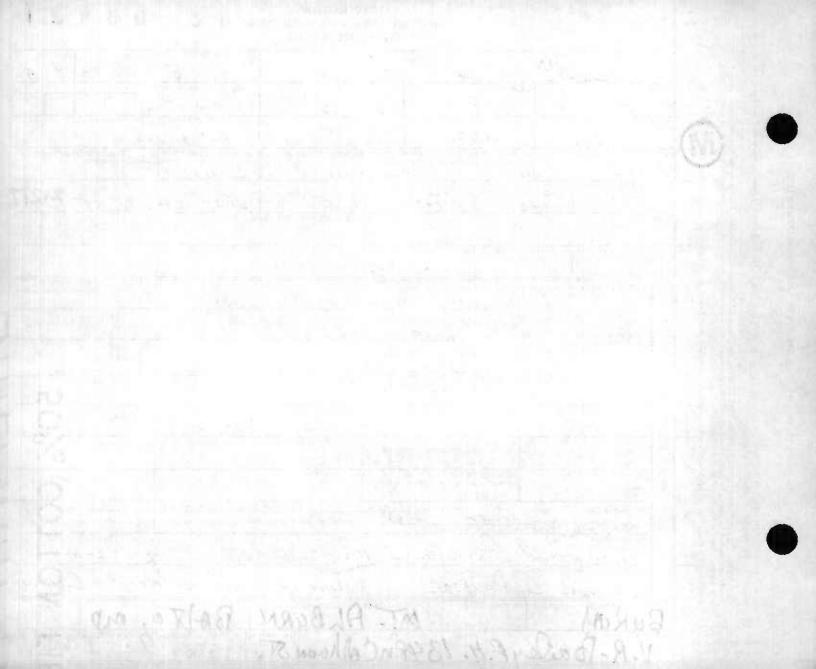
(VRA 15, 4)

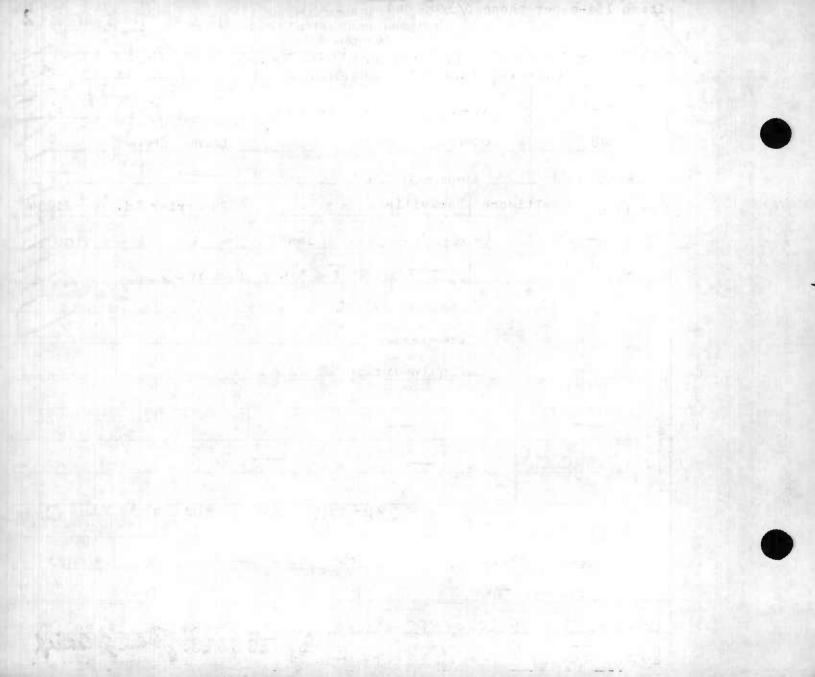
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or attending physician.

250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S STGNATURE STREB 1 5 1983 John & Calif





STATE OF MARYLAND

Sement Plack of Se as as as a selftil offe elto. .tu. .tu. .ofla .oflen. maiffid: create corp. Tester 10 216-09-3206 rd. Dorothy Gresham, 3605 %, Engiteen

Court of Local Court of the Cou

21222

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4) Duda-Ruck, Inc.

7922 Wise Avenue, Dundalk, MD

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

TERREST James Carlot

	And A	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
De la companya dela companya dela companya dela companya de la com		STATE		DEF		FICATE OF DEATH	B S REG. N	0	3	3 2 5
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR E
de oth			RLOCK		GRINZ	AGE	FEBRUARY	23, 1	.983	10:30 ,
b od j	3; SE	Male	4 RACE	ack	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		NING DAYS	IF UNDER 24 HRS
La Carrie						une 2, 1909	73	YRS.		
		RTHPLACE (STATE OR FOREIGN COUNTRY) Kesville, Md.	75. CITIZEN OF	SA	TRY? 8. MARRIE WIDOW	EDXX NEVER MARRIED	9. BALTIMORE CITY OF	E CIT	Y	MD.
office of the confine	В	ALTIMORE	THE TO	HNS HO	PKTNS	OR OTHER INSTITUTION HOSPITAL	12a USUAL OCCUPATION OF OF WORK FOR MOST OF			OF BUSINESS OR
	USU	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION		In concest apprece		7	121/
2 Demis	130. 2	Md.	OINTT	Ba I t	0.	136. INSIDE CITY LIMITS?	130. STREET ADDRESS 700 Whitmou	e Ave.		1216
2 3 3 5 5 5		THER'S NAME	MIDDIE O	LAST		15. MOTHER'S MAIDEN N			- 1	51
A SOURCE PRO	10	hn First F.	. MIDDLE Gri	nage		Ruth			Thomas	31
S S S S S S S S S S S S S S S S S S S		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRI			
TIMO S. Po		no		Ivy Grinage			700 Whitmore Ave.			
BAIL sicular sicula sicul		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	er line for (o), (b), ond (c).				BETWEEN	XIMATE INTERVAL LONSET AND DEATH
ST.,		IMMEDIATE CAUSE (0) ACUTE RESPIRATORY INSUFFICIENCY								
O o o o o o o o o o o o o o o o o o o o		1629	DUE TO, C	OR AS A CONS	EQUENCE OF	n = 0 : 0 : 0 : 0				5 4
a other notion		Conditions, if any, which gove rise to immediate (b) ADULT RESPIRATORY DISTRESS STNDROME Says								
W. P		couse (o), stoting the underlying cause last.	DUE TO, C	PIAS A CONS	LUNG-	PRIEWMONIA			1	2 days
201 pleo uriol	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
RDS.	NO	OAT CELL				ER LOBE				
O A STATE OF THE S	CERTIFICATION	190. DATE OF OPERATION	19b. CON			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED S OF DEATH?
ALR The J	RTIFI	2/10/83			CELL C	ARCINOMA	YES NO	YES		NO []
- VIT		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	hand I	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
SHC programmer in the little i	ICAI	(IF EITHER NOTIFY MEDICAL EXAMI	NER) F	P.M.	19					
DIVISION NG PHYS To the office this of the but the ond Me the ord or it	MEDICAL	216. INJURY OCCURRED		OF INJURY	FICE, FARM, ETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
DIV No of the or of the or of the or of the or	13	AT WORK			210	193	10 2/23/1	05		
END OR USE		22a. I certify that (I) (this hose sow the deceased alive			-	nd that in (my) (our) opinion		, ,		, that (I) (we) last
d to or		obove, (I) (we) (did) (eld 22b. SIGNATURE	well view the bod	y ofter deoth.		DEGREE				E SIGNED
the Doctor	-61	0	128 m	the		ATTENDING PHYSICIAN	MEDICAL STA	FF	7	123/92
PITA PITA by Stori	19	226 PHYSICIAN'S NAME (TYP				22e. ADDRESS				-0103
TO HOSPITA TO FUNERA TO FUNERA should be do with the Sto		DAVID 1	E. WAR	NA		TOHMS }	HOPKINS HO	SPITAL	-	
Of of Orks M	23o. E	JURIAL, CREMATION, REMOV	AL 23b. DATE	I	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION			
BP		burial	2/26,			Mem. Pk.	Balto., M	d.	COUNTY	STATE
DHMH - 16 50M 4/82		JNERAL DIRECTOR				25a. DA	TE REC'D. BY REGISTRAR		AR'S SIGNA	TURE
(VRA 15, 4)	LE	ROYMO. DYETT 4	1600 Libe	erty Hg	Ts. Ave	. F	EB 2 5 1983	John	2 C	Lucial

